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Effects of Intervention and Prevention Programs on Youth Risk-Taking Behavior in Monroe County

Audrey D. Davis
Walden University

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Walden University

College of Social and Behavioral Sciences

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Audrey D. Davis

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Walden University
2021

Abstract

Effects of Intervention and Prevention Programs on Youth Risk-Taking Behavior in

Monroe County

by

Audrey D. Davis

MPA, The College at Brockport State University of New York, 2007

BA, St. John Fisher College, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

February 2022

Abstract

Crime committed by adolescents between the ages of 13 and 16 is a recurring issue in the United States. Research showed a number of contributing factors associated with youth risk-taking behaviors and juvenile delinquency. The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing risk-taking and delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. This study addressed the connection between modern theories of deviance and programs of juvenile delinquency intervention as conceptualized by Chapman as the theoretical framework. Using intrinsic case study design, data were collected from two intervention and prevention program facilitators who participated in interviews conducted through email using semi structured, open-ended questions. Secondary data were collected from the Monroe County Youth Risk Behavior Survey (YRBS). The key finding of this study indicated that intervention and/or prevention programs can curb youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. According to the program facilitators, at-risk youth intervention and prevention programs are effective in reducing recidivism and rebuilding lives. Findings from this study have significant implications for positive social change when all stakeholders, politicians, social workers, health care providers, education institutions, community, and family members are involved in curbing youth risk-taking and juvenile delinquent behavior.

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Dedication

I would like to dedicate this dissertation to my amazing and wonderful son Derrick Mitchell Phelps Jr. who would not allow me to give up. Derrick, your words of encouragement gave me the strength to persevere. There were times when you had more faith that I could obtain my PhD than I did. The thought of disappointing you made me push even harder to complete the Public Policy and Administration program so that I could earn my PhD. I thank God every day for blessing me with such an anointing SON and Man of God. Derrick, you are my hero, and I feel blessed to call you my son. I would also like to dedicate this dissertation to my loving mother, Dorothy N. Davis, whose caring support, encouragement, and faith made it possible. Dorothy, you are my rock, best friend, and role model. Failure was not an option; you stressed the importance of obtaining a college degree, and you led by example by obtaining your college degree. Your values and beliefs taught me the importance of persevering no matter what obstacles came my way. Dorothy, you are angel, and I am truly blessed that God blessed me with a MOTHER like you. I would like to thank Elect Lady Lisa Williams for the encouraging words and prayers. Elect Lady Lisa Williams, you inspired me to complete this program more than you know. All I could visualize is both mother and you dancing around the church praising and thanking GOD for achieving my PhD. Derrick and Dorothy, I love you with everything in me. Your support, encouragement, and confidence gave me the confidence to complete the doctoral program. Thank you for being my biggest cheerleaders.

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WE DID IT!!!

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Chapter 1: Introduction to the Study

Adolescence is a unique period of the human life span. “Adolescence is when you start to mate, and from an evolutionary point of view it’s adaptive to do this outside the family, with people close to you in age” (*The Washington Post*, 2014, para.5). This is the period of development between the ages of 10 and 19 years (Age limits and adolescents, 2003). There are three different stages of adolescence: early adolescence (ages 11 to 14), middle adolescence (15 to 17), and late adolescence (18 to 21; Healthychildren.org, 2015). Adolescence is a developmental stage of life that is shaped by changes in the body and mind, and by the environment (Act for Youth Center of Excellence, 2014). This is also the period in which youths will face many changes and challenges and must learn responsibilities, form relationships, and face identity crises such as gender, sexuality, and understanding the changes their bodies are going through.

According to the U.S. Census Bureau (2015), there were 41,731,233 youths ages 10–19 in the United States, or 13% of the total U.S. population, in 2015. In New York State, the population of youths ages 10–19 was estimated to be 2,409,802, or 12% of the state’s total (Act for Youth Center of Excellence, 2014). One part of society views adolescents as the future generation that deserves an equal opportunity in society. This suburban area of Monroe County, New York is more inclined to provide adolescents with growth and opportunities. The other part of society views adolescents as a threat to society because of the negative images portrayed in the mass media outlets such as violent alcohol and drug abusers, rebellious, and lacking respect for authority. The urban area of Monroe County, New York believes in law and order and will be more inclined to

place adolescents in a juvenile correctional facility and/or a local or state correctional facility (mixed population of youths and adult criminals).

Most adolescents who live in the United States will engage in some form of delinquent behavior (ACT for Youth Center of Excellence, 2002). Adolescents are impressionable, which makes them susceptible to risk-taking and delinquent behavior. Earlier exposure to negative peer influences has a strong effect on delinquency risk, and the influence of negative peers may increase other risk factors such as dropping out of school or disengaging from society (Office of Juvenile Justice and Delinquency [OJJDP], 2015). Adolescents who engage in deviant behaviors seek out friends who are engaging in similar acts (Hinnant, & Forman-Alberti, 2019; Journal of Research on Adolescence, 2018; Albert et al., 2013; Gifford-Smith et al., 2005)

Early intervention and prevention programs can have a success rate with reducing and/or eliminating youth risk and delinquent behavior (CDC, 2019; California's Legislative Analyst's Office, 1995; OJJDP, 2003; CDC, 1999; OJJDP, 1999). "In order for behavior changes to occur, however, Bandura posited that self-insights must come into one's consciousness. Bandura stated that when adolescents become cognizant of their own behavior through what he termed self-insights, they can accomplish more positive actions" (Runton, 2014, p.7). According to Greenwood (2008), in the past 15 years, researchers have begun identifying both the risk factors which cause delinquency and the intervention which can reduce its likelihood. Genetic and biological factors have been linked to delinquency (p. 186).

Intervention and prevention may be critical in any approach to reduce youth risk behavior and delinquency as well as the recidivism rate. Research showed that prevention and early intervention are more effective (Youth.gov, 2016, para.3). In addition, “early intervention prevents the onset of delinquent behavior and supports the development of a youth’s assets and resilience” (Youth.gov, 2016, para. 3). According to Greenwood (2008), intervention strategies and program models have been identified which may reduce youth risk behavior and delinquency while promoting pro-social development (p. 185).

To ensure the effectiveness of intervention and prevention programs, it is imperative these programs are available during each stage of the adolescent’s development: early adolescence (ages 11 to 14), middle adolescence (15 to 17), and late adolescence (18 to 21; Healthychildren.org, 2015). According to Greenwood (2008), “preventing delinquency...not only saves young lives from being wasted, but also prevents the onset of adult criminal careers and thus reduces the burden of crime on its victims and on society” (p. 185). The availability of these programs can help instill in children and young adults the value of making good decisions and exercising self-discipline. Furthermore, these programs can help to instill the value of modeling appropriate behavior as well as becoming law-abiding citizens in society.

Table 1, which was adapted from the Office of the Surgeon General, categorizes risk factors by age of onset of delinquency and identifies corresponding protective factors (see Shader, 2004, p. 4). The table helps to identify risk factors during childhood development that are linked to risk-taking behavior and delinquency. The table also

identifies the significant impact contributing factors (such as the individual, family, school, peer group, and/or community) have on risk-taking behavior during the stages of child development. Lastly, the table identifies protective factors. These factors are barriers between the risk factors and the onset of delinquency. The information provided in the table helps support the need for intervention and prevention programs during childhood development. Providing effective early intervention and prevention programs is crucial because it may reduce the likelihood of adolescents engaging in risk-taking and delinquent behavior (OJJDP, 2003).

Table 1*Risk and Protective Factors by Domain*

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

** Males only. * Age of onset not known. Source: Adapted from Office of the Surgeon General, 2001,

<https://www.ncjrs.gov/pdffiles1/ojjdp/frd030127.pdf>

Chapter 1 presents information about why this study was important as well as how existing research supports the phenomenon of intervention and prevention. I present the research questions. There is discussion of the theoretical foundation on which this study was based. Assumptions, limitations, and delimitations are included, and a broad overview is given concerning how positive social change may occur based on analysis of the study's findings. Many adolescents in New York State are exposed to multiple risk factors for delinquency as a routine part of their lives. As a result, these children are at substantial risk for juvenile justice involvement (New York State Juvenile Justice Advisory Group, 2012). I interviewed program facilitators of youth organizations and centers to determine what impact intervention and prevention programs have on youth risk-taking behavior and juvenile delinquency and the recidivism rate among adolescents between the ages of 13 and 16.

Background

Adolescents' engaging in risk-taking and delinquent behavior is a national concern that requires immediate attention. According to Greenwood (2008), "during the early 1990s, when crime rates had soared to historic levels, it was unclear how to effectively prevent or stop delinquency" (p. 186). However, there has been a disproportionate rise in the arrest rate among adolescents in the United States. Approximately 50,000 children each year are taken into police custody as a result of delinquent behavior (New York State Juvenile Justice Advisory Group, 2010). Criminal acts committed by youths include robbery, burglary, rape, assault, theft, distributing illegal substances, and murder (Lawyer Shop, 2015). In 2012, there were an estimated

224,200 juvenile arrests for larceny-theft (U.S Department of Justice Office of Justice Programs, 2014). More than 4 of every 10 (42%) of these arrests involved females, 29% involved youths younger than 15, and 61% involved White youths (U.S Department of Justice Office of Justice Programs, 2014). Research showed that there are two types of delinquents: those in whom the onset of severe antisocial behavior begins in early childhood, and those in whom this onset coincides with entry into adolescence (Youth.gov, 2016). “The primary causes of delinquency were assumed to be the juvenile’s home, neighborhood, lack of socializing experiences, lack of job opportunities, or the labeling effects of the juvenile justice system” (Greenwood, 2008, p. 187). However, there are other contributing factors leading adolescents to engage in risk-taking and delinquent behavior. These contributing factors include school, peer group, mental health, gang influence, and membership (National Conference of State Legislature, 2015).

Risk-taking and delinquent behavior among adolescents is a sensitive topic that requires diligence when creating programs that will effectively prevent and/or reduce delinquent behavior. The presence of risk factors and the early exposure to them has been shown to increase the likelihood that youths will engage in early delinquent behavior during adolescence and continue to offend throughout the life course (OJJDP, 2015). Finding the risk factors associated with delinquency for youths during specific stages of their development is crucial because it may help in developing cost-efficient programs that are effective in decreasing and/or eliminating youth risk-taking behavior and delinquency and recidivism.

Several studies addressed risk-taking and delinquent behavior among adolescents and community-based programs to reduce the risk (Youth.gov, 2016; National Conference of State Legislatures, 2015; OJJDP, 2003; CDC, 1999; OJJDP, 1999). However, there was a gap in the literature in assessing whether there is a correlation between intervention and prevention programs and youth risk-taking and delinquent behavior. The qualitative case study may help determine whether there is a relationship between the discontinuation of intervention and prevention programs and the frequency of risk-taking and delinquent behavior among adolescents between the ages of 13 and 16.

Problem Statement

Contemporary youths are less dependent on human connection and more dependent on social media such as Facebook, Twitter, Instagram, and technology such as video games, tablets, and computers. Adolescents are faced with a lot of pressure from their friends and family. For some adolescents, pressures include poverty, violence, parental problems, and gangs. Kids may also be concerned about significant issues such as religion, gender roles, values, and/or ethnicity. Some children have difficulty dealing with traumas they have experienced, such as physical and sexual abuse, neglect, school, and domestic violence. These conflicts may result in behavioral problems that could lead to risk-taking behavior and juvenile delinquency.

Adolescence is the time of greatest risk-taking behavior. Adolescents may have poor self-control, easily influenced by their peers, and not think through the consequences of some of their actions (National Research Council, 2013). Although understanding or even over-estimating the likelihood that an action will result in harm,

adolescents may place higher value on the benefits that might come from taking a particular risk (Act for Youth Center of Excellence, 2012). Adolescent risk-taking is concerning because of the potential long-term effects. For instance, adolescent risk-taking behaviors include substance abuse, tobacco use, unprotected sex, problem eating, and serious criminal activity (Oxford Bibliographies, 2014).

Crime committed among youths between the ages of 13 and 16 is a recurring issue. Adolescent involvement in illegal activity is an extension of the kind of risk-taking that is part of the developmental process of identity formation, and most adolescents mature out of these tendencies (National Research Council, 2013). There has been a decrease in criminal activities committed by youths. However, the arrest rate for violent offenses fluctuates. In 2014, law enforcement agencies such as state and local law enforcement agencies in the United States made an estimated 1 million arrests of persons under the age of 18, 50% fewer than the number of arrests in 2005 (OJDDP, n.d.). Law enforcement agencies across the United States made more than 50,000 violent crime arrests involving youths under the age of 18 in 2015, compared with 100,000 10 years earlier (Butts, 2016). The violent crime offenses are murder, rape, robbery, and aggravated assault. Although there was a decline in youth arrests for these offenses between 2014 and 2015, there was an increase in youth arrests for homicide. The number of youth arrests for homicide increased 14% between 2014 and 2015 (Research and Evaluation DATA BITS, 2016). According to the Centers for Disease Control and Prevention (CDC), on average, 12 persons between the ages of 10 and 24 are murdered each day in the United States (2016).

According to the United States Department of Justice's OJJDP, there were a total of 32,655,677 10–18 year old adolescents alive in 2009 (Juvenile Justice, 2012). In 2011, there was an increase among high school students' risk behavior in the areas of mental health and bullying, alcohol and drug use, violence, tobacco use, and sexual behavior (CDC, 2014). According to CDC (2014), the Youth Risk Behavior Surveillance Survey showed that not only do youths continue to engage in risk-taking behavior, but there has also been an increase in this behavior since 2011. Coincidentally, city parks and recreation centers are in disrepair, and financial support for youth facilities and programs has decreased, leaving high-risk environments for youths (OJJDP, 2015.). These programs are effective because they “are comprised of identifying the risk factors that contribute to delinquency, addressing those factors early, and building on protective factors to offset the risks” (National Conference of State Legislatures, 2015, p. 4).

There are several contributing factors associated with youth risk-taking behavior and juvenile delinquency. The presence of risk factors and the early exposure to them has been shown to increase the likelihood that youths will engage in early delinquent behavior during adolescence and continue to offend throughout the life course (OJJDP, 2015). Youths are more likely to engage in multiple risk-taking behaviors when they experience multiple risk factors (Act for Youth Center of Excellence, 2012). Risk factors are also related to the developmental stages of childhood and adolescence. For example, early in a child's life, risk factors are tied to individual factors (such as hyperactivity) and family factors (such as poor parenting practices). However, as the child grows up, new risk factors related to influences from peers, the school, and the community begin to play

a larger role in the child's life (OJJDP, 2015). Research showed the various factors associated with youth risk-taking behavior and juvenile delinquency and recidivism are related to age, legal history, education history, peer relationships, and family functioning (Office of Justice Systems Analysis Research Report, 1999).

Youth risk behavior is an important problem because “if a youth possesses certain risk factors, research indicates these factors will increase his or her chances of becoming a delinquent” (Shader, 2004, p. 1). Risk factors are personal traits; characteristics of the environment; or conditions in the family, school, or community that are linked to youths' likelihood of engaging in delinquency and other problem behaviors (OJJDP, 2015). Delinquency has a negative effect not only on the individual youth, but also on the family and society. For instance, “delinquents and adult offenders take a heavy toll, both financially and emotionally, on victims and on taxpayers, who must share the costs” (Greenwood, 2008, p. 186). In addition to causing injury and death, youth violence affects communities by increasing the cost of health care, reducing productivity, decreasing property values, and disrupting social services (CDC, 2014). According to Lipsey et al. (2010), “dealing effectively with juvenile delinquency involves two distinct but overlapping endeavors, prevention and intervention, each of which has somewhat different purposes and requires the efforts of somewhat different agencies and actors” (p. 11). Although many studies focused on remediating visible and/or long-standing disruptive behavior, research has shown that prevention and early intervention are more effective (Greenwood, 2008).

The elimination of intervention and prevention programs such as conflict resolution and violence prevention, bullying prevention programs, after-school recreation programs, and mentoring programs may have a negative impact on adolescents because they no longer have programs available that will help channel their negative attitude into a positive nonviolent outlook. Furthermore, failure to prevent adolescents from engaging in delinquent behavior and intervening to prevent them from engaging in repeated delinquent behavior or criminal acts “can put a youth at risk for drug use and dependency, school drop-out, incarceration, injury, early pregnancy, and adult criminality” (Greenwood, 2008, p. 186).

Purpose of the Study

The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. Monroe County, New York was chosen because it comprises 19 towns, 10 villages, and the city of Rochester (the third largest city in the state), which includes a large number of adolescents between the ages of 13 and 16. Evidence suggested there are problems within the juvenile justice system, particularly for reducing recidivism for adolescents between the ages of 13 and 16. Yin (2009) recommended six types of information to collect: documents, archival records, interviews, direct observations, participant observations, and physical artifacts. I used a phenomenological design to collect data from youth program coordinators, directors of school-based services, and directors of early childhood & youth services, who participated in semi structured interviews conducted through email

using open-ended questions to determine whether these programs have brought about a change in youth risk-taking behavior and juvenile delinquency and the possible consequences of program discontinuation. The case study was accomplished by studying two intervention and/or prevention programs from two sites such as Botvin's Life Skills (Prevention Education Services), and Compeer Rochester's Youth Program.

The case study has significant potential for facilitating understanding of the phenomenon associated with intervention and prevention. The study may underscore ways to identify and evaluate the usefulness of intervention and prevention program strategies, particularly in Monroe County, New York, for adolescents between the ages of 13 and 16. Further, the study may identify best practices associated with evidenced-based programs, which are proven effective in the Monroe County, New York region for adolescents who engage in risk-taking and delinquent behavior. The development of these strategies may be facilitated by determining whether these programs have brought about a change in youth risk-taking behavior and juvenile delinquency and the possible consequences of program discontinuation.

Research Questions

Adolescents between the ages of 13 and 16 are thrill seekers and could engage in risk-taking behavior for the experience. Adolescence is the period in which youths will engage in more reckless, risk-taking, and thrill-seeking behaviors than their younger and older peers; adolescents have the highest rates of sexually transmitted diseases and criminal behaviors of any age group, and drive faster than adults (Tymula et al., 2012). Most teenagers will embrace negative risk-taking behavior such as smoking, drug and/or

alcohol use, stealing, self-mutilation, unsafe sex, eating disorders, sexting (sending explicit seminude or nude photos via text message), and gang activity because they include the highest form of thrill-seeking behavior; they also include the highest dose of danger and consequences (Psychology Today, 2011).

Adolescent risk-taking is concerning not only because of the danger it can pose, but also because the behaviors established during adolescence often persist into adulthood (Oxford Bibliographies, 2014). For instance, harmful drinking and drug use among adolescents is a major concern. Consuming alcohol and/or drugs decreases adolescents' self-control and increases risk behaviors such as unsafe sex, violent behavior, or risky driving. Alcohol use among adolescents is a primary cause of injuries (including those due to road traffic accidents), violence (especially by a partner), and premature deaths (World Health Organization, 2021). In addition, violence is a leading cause of death. An estimated 180 adolescents die every day because of interpersonal violence. A News21 (2014) investigation of child and youth deaths in United States between 2002 and 2012 indicated that at least 28,000 children and teens 19 years old and younger were killed (murder, suicide, or both) with guns. Teenagers between the ages of 15 and 19 made up over two thirds of all youth gun deaths in America (News21, 2014). The following research questions (RQs) guided the study:

RQ1: To what extent do youth programs in New York's Monroe County utilize techniques consistent with Chapman's model of delinquency intervention, and how effective are they?

RQ2: What are the possible effects of possible discontinuation of specified programs?

Theoretical Framework

Risk-taking behavior and juvenile delinquency acts committed among adolescents between the ages of 13 and 16 are an issue that affects many communities in the United States. Curbing youth risk-taking behavior and juvenile delinquency has proven to be challenging for many decades because there is no blueprint of causes and how to affectively address the issues. According to Juvenile Justice (2012), social learning theory implies criminal behavior is learned through close relations with others, and it asserts that children are born good but learn to be bad. Social learning theory says all people have the potential to become criminals because modern society presents many opportunities for illegal activity, but one has the choice not to engage. Furthermore, social learning theory emphasizes the role of social surroundings within families, schools, peers, and communities and how these relationships affect delinquent behavior (OJJDP, 2015).

Differential association is an explanatory concept of the social learning theory that “hypothesizes that the more one’s patterns of differential association are balanced in the direction of greater exposure to deviant behavior and attitudes, the greater the probability of that person engaging in deviant or criminal behavior” (Akers & Jensen, 2014, p. 3). Sutherland’s theory of differential association posited that criminal behavior is learned through social interactions with intimate groups (Winfrey & Abadinsky, 2003). Furthermore, children develop beliefs and values from their social interactions, as well as

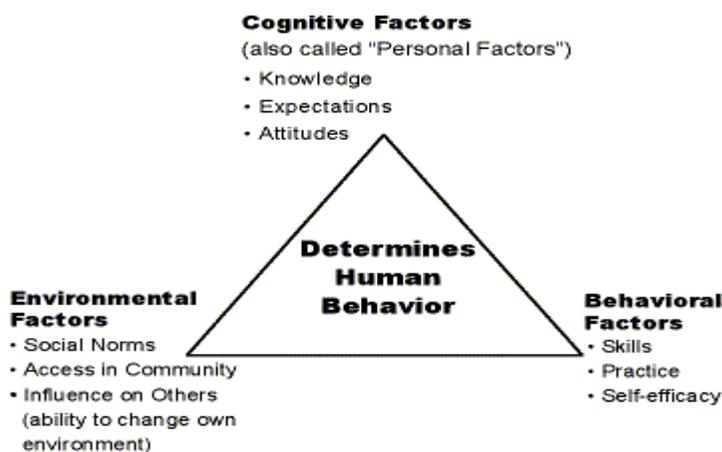
behaviors that carry into adolescence. However, there is an attempt by many adolescents to develop their own identity as well as beliefs and values, and sometimes this attempted identity does not always fit with the norms of the larger society (Long & CPS, 2011).

Studies showed adolescents who engage in risk-taking behavior are more likely to engage in delinquent behavior (OJJDP, 2011; NCBI Bookshelf, 2011; OJJDP, 2010; OJJDP, 2003). There are contributing factors such as poor education, peer pressure, disadvantaged socioeconomic status, and substance abuse that can have an impact on delinquent behavior. According to Juvenile Justice (2012), social relations, community conditions, level of violence, poverty, and racial disparity are social factors that can cause or affect juvenile delinquency. These factors play a significant role in adolescents engaging in delinquent behavior. Social learning theory explains the impact risk factors have on delinquent behavior if adolescents are exposed to a negative and antisocial environment. Chapman (2007) proposed that theoretically based empirical assessment of intervention programs designed to reduce delinquency will enhance understanding of the causes of delinquency and how it can be effectively addressed. Creating intervention and prevention programs that can effectively address the issues needs a great deal of attention by community centers, politicians, education institutions, and juvenile justice systems. According to Chapman, “there are requirements for developing an appropriate strategy of intervention” (p. 44). First, “an individual or group must have an understanding of human behavior” (Chapman, 2007, p. 44). Cultural environments, antisocial behavior, and attitudes are contributing factors associated with youth risk-taking behavior and juvenile

delinquency and recidivism. This three-way reciprocal relationship is presented in Figure 1.

Figure 1

Three-Way Reciprocal Relationship



Note. From Resource Center for Adolescent Pregnancy Prevention, retrieved from <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=380#Definition>

To effectively address the issue, it is imperative to learn the cause of risk-taking behavior and delinquent behavior committed among adolescents between the ages of 13 and 16. Adolescence is the time when peer pressure is at its height. Young adults want acceptance by other young adults, especially if they see that peer behavior is reinforced. However, many of the beliefs, values, and behaviors of peers cause direct conflict with childhood beliefs, values, and behaviors, and this can cause cognitive dissonance (Long & CPS, 2011). Social learning theory “offers an explanation of the acquisition, maintenance, and change in criminal and deviant behavior that embraces social,

nonsocial, and cultural factors operating both to motivate and control criminal behavior and both to promote and undermine conformity” (Akers & Jensen, 2014, p. 2).

According to Chapman’s (2007) second requirement, “the intervention must have the ability to alter human behavior based on these predictions” (p. 44). Prevention and intervention programs help identify risk-taking behavior and determine when in the course of development delinquency emerges. “Identifying which risk factors may cause delinquency for particular sets of youths at specific stages of their development may help programs target their efforts in a more efficient and cost-effective manner” (Shader, 2004, p. 3).

An increase in intervention and prevention programs may cause a decrease in youth risk-taking behavior and juvenile delinquency. Chapman’s (2007) third requirement is that for the “theory to provide the basis for understanding human behavior it also needs to provide the basis for any predictions and programmatic strategies for behavior change” (p. 45). Intervention and prevention programs are designed to help instill in youths the value of modeling behavior that is acceptable in society. This can be challenging because these values may be imposed by parents, teachers, pastors, mentors, and other leaders. However, adolescents are impressionable, and their peers may have a greater influence. Intervention and prevention programs can have a positive impact on influencing adolescents to make positive decisions for their own future.

Chapman’s (2007) theory addresses the effectiveness of intervention and preventative programs; as a result, it was used to evaluate the potential of delinquency intervention programs to reduce recidivism in hopes of improving outcomes for young

offenders (Brasher, 2013). The approach provides details on social cognitive changes that emerge as a result of implementing effective intervention and preventative programs. Further, Chapman and Lipsey worked closely with juvenile justice administrators at various sites in Iowa, Delaware, and Wisconsin to implement an evaluation scheme called the Standardized Program Evaluation Protocol that charts the effectiveness of the treatment programs in use for juvenile offenders (Brasher, 2013). The Standardized Program Evaluation Protocol draws on Lipsey's meta-analysis of more than 600 studies of interventions with juvenile offenders, the largest resource on this topic in the world (Brasher, 2013).

Nature of the Study

Chapman's (2007) theory that there is a connection between modern theories of deviance and programs of juvenile delinquency intervention guided the current study. Despite early skepticism regarding intervention programs, recent literature reviews and meta-analyses demonstrated that intervention programs can effectively reduce delinquency (Andrews et al., 1990; Lipsey, 1994, 2000). I used a qualitative phenomenological approach to understand the effectiveness of intervention and prevention programs in reducing and/or eliminating risk-taking and delinquent behavior and recidivism for adolescents between the ages of 13 and 16 in Monroe County, New York. I used a phenomenological design to collect data from two intervention and prevention program facilitators of youth organizations and centers who took part in semi structured interviews through email using open-ended questions. Intensity sampling was used to describe the impact intervention and prevention programs have on eliminating

and/or reducing youth risk-taking and delinquent behavior as well as the recidivism rate. Intensity sampling is explained by Creswell (2007) as “information-rich cases that manifest the phenomenon intensely but not extremely” (p. 127). I researched the intervention and prevention programs as an alternative to punitive justice in Monroe County, New York. The phenomenological approach provides an opportunity for using purposeful sampling to study a bounded system/ case or multiple bounded systems/cases over time (Creswell, 2007; Patton, 2002). The case study was preferred because it gives an opportunity for face-to-face interaction that facilitates an inductive data analysis approach. Furthermore, the case study focuses on a natural setting in which the researcher can collect data through interviews, documents, and archival data. As a result, the information-rich data can be reviewed collectively for emerging themes (Creswell, 2009). “Sherman and colleagues report that the important issue is not whether something works but what works for whom” (OJJDP, 2003). Qualitative data analysis was conducted to describe the effects of intervention and prevention programs. Both traditional and software-assisted strategies (Patton, 2002) have the potential to enhance the reliability, quality, and credibility of the research findings. This qualitative analysis was conducted to determine the difference between juvenile risk-taking behavior and juvenile delinquency during program implementation and the time when programs were unavailable.

Definitions

The definitions below clarify how important terms were used in the study.

Failure in school: This factor manifests at an early age. Failure at school includes poor academic performance, poor attendance, or expulsion or dropping out of school. This is an important factor for predicting future criminal behavior. Leaving school early reduces the chances that juveniles will develop the social skills that are gained in school, such as learning to meet deadlines, following instructions, and being able to deal constructively with their peers (California's Legislative Analyst's Office, 1995).

Family problems: This factor includes a history of criminal activity in the family. It also includes juveniles who have been subject to sexual or physical abuse, neglect, or abandonment. It is also manifested by a lack of parental control over the child (California's Legislative Analyst's Office, 1995).

Gang membership and gun possession: Gang membership and gang-related crime is primarily a juvenile problem. Gang membership, especially at an early age, is strongly associated with future criminal activity. Juvenile gun possession is a factor that magnifies juvenile crime by making offenses more likely to result in injury or death (California's Legislative Analyst's Office, 1995).

Juvenile delinquency: A person under 16 years old but less than 7 years old commits an act which would be a crime if they were an adult, and is then found to be in need of supervision, treatment, or confinement (NYCourts.gov, 2014).

Pattern behaviors and conduct problems: Pattern behaviors include chronic stealing or running away. Juveniles with conduct problems can be characterized as individuals who have not outgrown aggressiveness by early adolescence (California's Legislative Analyst's Office, 1995).

Protective factors: Something that decreases the potential harmful effect of a risk factor (Youth.gov, 2016).

Risk behavior: Behavior that potentially exposes people to harm or significant risk of harm, which will prevent them from reaching their potential (Richmond.gov.uk, 2014).

Risk factors: Risk factors have been defined as “those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder” (Shader, 2004, p. 2).

Substance abuse: This risk factor includes not only arrests for drug or alcohol possession or sale, but also the effect of substance abuse on juvenile behavior. For example, using alcohol or drugs lowers a person’s inhibitions, making it easier to engage in criminal activity. Also, drug abuse can lead to a variety of property offenses to pay for drug habits (California’s Legislative Analyst’s Office, 1995).

Assumptions

Studies showed a history of childhood abuse, truancy, instability in the home, and educational underachievement can have an influence on adolescents engaging in risk-taking behavior, committing criminal acts, and reoffending. The current study was based on the assumption that intervention and prevention programs can help reduce and/or prevent risk-taking and delinquent behavior among youths. Also, this study was based on the assumption that the data collected from examining the intervention and prevention programs in Monroe County, New York and from interviews would be accurate and unbiased.

Scope and Delimitations

This study's scope consisted of how youth risk-taking behavior may change based on the discontinuation of intervention and prevention programs. The study focused on results from a focus group with representatives from various community-based services in Monroe County, New York and interviews with directors of community centers and frontline staff. This study focused on the data gathered from these resources and programs to determine how youth risk-taking behaviors might have changed based on the implementation of intervention and prevention programs.

Learning theories attempt to explain how people think and what factors determine their behavior. Social learning theory is grounded in the belief that human behavior is determined by a three-way relationship between cognitive factors, environmental influences, and behavior factors. Differential association theory is an explanatory concept of the social learning theory that "hypothesizes that the more one's patterns of differential association are balanced in the direction of greater exposure to deviant behavior and attitudes, the greater the probability of that person engaging in deviant or criminal behavior" (Akers & Jensen, 2014, p. 3).

Two other theories that were considered but not chosen for this study were the general strain theory and social control theory. General strain theory is "based upon the premise that delinquency results when individuals are unable to achieve goals through legitimate channels or when individuals are exposed to negative stimuli or have positive stimuli taken away" (Gullion, 2006, p. 3). Social control theory "claimed that many youths form a bond to society in early childhood which prevents them from becoming

involved in delinquent behavior, while others who fail to form such a bond do become delinquent” (Wiatrowsk, 1978, p. 2). Although significant and theoretically useful in the current study, neither was directly relevant to the adolescent population during a time when they are engaging in risk-taking behavior and juvenile delinquency behavior that will follow them into adulthood. Social learning theory and differential association theory were used to explain the onset of deviant behavior as it relates to juvenile delinquents and how it transitions into adulthood.

Limitations

Measuring the long-term effects of early intervention and prevention programs to prevent youth risk-taking behavior and juvenile delinquency was a limitation that affected this study. Furthermore, it may take an inordinate length of time to determine what if any impact these programs have on preventing youths from engaging in risk-taking and delinquent behavior and/or becoming repeat offenders. According to Greenwood (2008), “interventions in childhood may have effects on delinquency that are not evident until adolescence” (p. 187).

Limitations include the possibility of partial information and guesswork. Lacking information that applies to this study can make it difficult to effectively prevent youth risk-taking behavior, juvenile delinquency, and becoming repeat offenders. Lack of reliable data is also a limitation because it makes it difficult to find solutions. According to the New York State Juvenile Justice Advisory Group (2010), “operating a system fairly and effectively requires data to show whether it is working” (p. 16). New York State lacks vital information such as who the offenders are, the type of crime committed,

and the effectiveness of existing programs. Furthermore, “due to failure to fingerprint juveniles, the ability of the state to conduct confidential recidivism studies is extremely curtailed” (New York State Juvenile Justice Advisory Group, 2010, p. 16). Reliable data are an essential component of any effort to persuade stakeholders, community centers, politicians, social workers, health care providers, and education institutions on the importance of intervention and prevention programs designed to prevent youth risk-taking and delinquent behavior and reduce the recidivism rate.

Lastly, youths engaging in risk-taking behavior and juvenile delinquency behavior are viewed as kids being kids. As a result, “many minor offenses committed by juveniles are considered part of growing up and are handled informally rather than by arrest and adjudication” (Roberson, 2016, p. 7). Furthermore, “many juvenile offenses go unreported and thus do not become a part of the national statistical picture” (Roberson, 2016, p. 7). Failure to report these offenses has caused a flaw in the criminal justice system and juvenile justice system making it challenging to create and implement effective intervention and prevention programs. To effectively address the issue, it is critical to gain an understanding of juvenile offenders from minor (destruction of property/vandalism/graffiti) to serious offenses (robbery) as well as repeat offenders.

Significance

This research was conducted to fill a gap in understanding the social phenomenon associated with intervention and prevention by focusing on the effects of program discontinuation. I examined the possible impacts on adolescents if these programs are not available to youths between the ages of 13 and 16. These negative impacts include but are

not limited to expressing themselves through violence, gang activities, and/or other criminal acts. “Juvenile justice systems make use of many programs intended to accomplish these purposes, but the effectiveness of those programs is often difficult to determine and largely unknown” (Lipsey et al., 2010, p. 5).

The results of this study may provide insights into how these programs play an essential role in any strategy designed to diminish the rates of juvenile risk-taking behavior and delinquency. Insights from this study may aid stakeholders, community centers, politicians, social workers, health care providers, and education institutions in designing programs that will help address youth risk-taking behaviors and delinquency. Juvenile delinquency is an area in which there is a need for social change, and “preventing delinquency not only helps to save young lives from being wasted, but also helps prevent the onset of adult criminal careers and thus reduces the burden of crime on its victims and on society” (Greenwood, 2008, p. 185).

Implications for Social Change

Juvenile delinquency is a problematic and costly issue in America. Although the delinquency rate has declined in the United States since the mid-1990s, it is still among the highest in the industrialized countries (OJJDP, 2004). Juvenile delinquency is an issue that not only requires an understanding of the foundation, it also requires diligence when developing intervention and prevention programs. According to Greenwood (2008), “the most successful programs are those that prevent youth from engaging in delinquent behavior in the first place” (p. 185). Recent literature identified intervention and

preventative programs that have a positive impact in the lives of youths who demonstrate delinquent behavior.

To address the issue at hand, it is important to identify the risk factors associated with delinquent behavior. Identifying these risk factors can set the foundation for effective intervention and prevention programs. For instance, once these risk factors are identified, policymakers and institutional and community-based treatment services can develop more effective programs that will target, reduce, and/or prevent youths from engaging in risk-taking behavior and juvenile delinquency.

When adolescents develop positive behavior, they are more likely to become positive role models for their peers, and are less likely to engage in risk-taking behavior and juvenile delinquency; this can help communities and society as a whole. Social change can occur because of positive improvements in youth risk-taking behavior. For instance, reducing and/or eliminating juvenile delinquency can save taxpayers money. “Community-based programs that keep kids closer to home and bring help directly to them can cost as little as \$75 per day” (Pacific Standard, 2014, para. 11). However, “the average costs of the most expensive confinement option throughout the 46 states it surveyed is \$407 a day, or \$148,767 per year, per person” (Pacific Standard, 2014, para. 3). Funds spent on the juvenile justice system can be invested in educational opportunities such as college and/or vocational school and intervention and prevention programs (i.e., basic life skills). Educational institutions, policymakers, and criminal justice professionals can help social change occur by giving adolescents opportunities

that can help change their attitude and outlook (i.e., adolescents may be more likely to become productive members in their communities and society).

Summary

There is an increase in risk-taking behavior and juvenile delinquency among youth ages 13–16 years. Coincidentally, city parks and recreation centers are in disrepair, and financial support for youth facilities and programs has decreased, leaving high-risk environments for youth (OJJDP, 2015). Research literature identified prevention programs that provide positive influences in the lives of youth who behave badly or act out. These programs are effective because they combine components that address both individual risks and environmental conditions. Intervention and prevention programs can reduce juvenile delinquency and the overall recidivism rate. For instance, preventive programs can stop youths from engaging in risk-taking behavior that may lead to becoming delinquents, and intervention programs may reduce the likelihood of youths continuing to engage in risk-taking and delinquent behavior. Eliminating these programs may have a negative impact on youths because they no longer have programs available to them that will help channel their negative attitude into a positive nonviolent outlook.

Chapter 1 provided an overview of the research problem, a summary of the risk factors for delinquent juvenile behavior and repeat offenses, the theoretical framework of the study, and how positive social change may occur based on the findings of the study. In Chapter 2, I explore the research literature to validate the need for this study and to identify a gap in the literature. Chapter 3 includes an explanation of the methodology used in this study, and the results and conclusions are presented in Chapters 4 and 5.

Chapter 2: Literature Review

According to the United States Department of Justice's OJJDP, there were 32,655,677 10–18-year-old adolescents alive in the year 2009 (Juvenile Justice, 2012). In 2011, there was an increase among high school students' youth risk behavior in the areas of mental health and bullying, alcohol and drug use, violence, tobacco use, and sexual behavior (CDC, 2012). A recent national study showed that not only do youths continue to engage in risk-taking behavior and juvenile delinquency, but there has also been an increase in this behavior since 2011 (CDC, 2012).

Coincidentally, city parks and recreation centers are in disrepair, and financial support for youth facilities and programs has decreased, leaving high-risk environments for youths (OJJDP, 2015). These programs are effective because they “are comprised of identifying the risk factors that contribute to delinquency, addressing those factors early, and building on protective factors to offset the risks” (National Conference of State Legislatures, 2015, p. 4). For instance, intervention and prevention programs such as Nurturing Parent Programs, Youth Empowerment Programs, and Gun Violence Prevention Programs can promote nurturing relationships between parents and children early in life, give training in life skills, and reduce access to alcohol and firearms, which can help to prevent violence (World Health Organization, 2021). In addition, intervention and prevention programs can help motivate adolescents to plan their future by finding long-term goals that can help promote a healthy and productive lifestyle. This section presents the foundation for this study's research questions:

RQ1: To what extent do youth programs in New York's Monroe County utilize techniques consistent with Chapman's model of delinquency intervention, and how effective are they?

RQ2: What are the possible effects of possible discontinuation of specified programs?

During the early 1990s, the crime rate among youths was astronomically high. According to Fox (1996),

from 1989 to 1994, the arrest rate for violent crimes (murder, rape, robbery and aggravated assault) rose over 46 percent among teenagers. From 1985 to 1994, the rate of murder committed by teens, ages 14-17, increased 172 percent. Guns, and especially handguns, have played a major role in the surge of juvenile murder.

Since 1984, the number of juveniles killing with a gun has quadrupled, while the number killing with all other weapons combined has remained virtually constant.

(p. 1)

It was uncertain what methods to use that would effectively prevent or stop juvenile delinquency. According to Chapman (2007), Jensen and Rojek, (1998) defined prevention as "something that takes place before the path to adult criminality has been set" (p. 40). The U.S. Department of Justice, OJJDP, (1994), posited there were "key components in discouraging youth misbehavior such as, providing a continuum of services to youth at different stages of the child welfare and juvenile justice systems and providing both assistance and sanctions appropriate to individual children in individual situations" (para. 3).

Although there were delinquency and prevention programs during this era, many of the most popular delinquency-prevention programs of that time, such as Drug Abuse Resistance Education, Scared Straight, Boot Camps, or transferring juveniles to adult courts were ineffective. Some increased the risks of future delinquency (Greenwood, 2008). However, there were many youths violence intervention and prevention programs that were effective in curbing youth risk-taking and delinquent behavior, such as Big Brothers/ Big Sisters, Educational Intervention, Drug Court, Road to Juvenile Alternative Sentencing, Graffiti Eradication, Project Midnight, Eliminating Violence on School Grounds, Athletic as an Alternative, Project Step Up, Recovery, and Mental Health Court programs and Accelerated Reading Program. These programs were effective because they combined components that addressed both individual risks and environmental conditions. However, many of these programs were eliminated over the years.

In recent years, much attention has been dedicated to developing proper systematic techniques to help eliminate and/or reduce youth risk-taking behavior and delinquent behavior. According to the New York State Juvenile Justice Advisory Group (2010),

much focus has been placed on reform in juvenile confinement, many promising approaches to reducing juvenile crime and appropriately reserving deep-end system involvement for cases that pose serious risk to public safety are based in efforts to provide targeted early intervention and support to youth when they begin to engage in delinquent behavior. (p. 25)

Studies have shown that

if a youth possesses certain risk factors, these factors will increase his or her chance of becoming a delinquent. A risk assessment may aid in deciding the type of intervention that will best suit the youth's needs and decrease his or her risk of offending. (Shader, 2004, p. 3)

Finding risk factors that may lead to juvenile delinquency can help educate parents about prevention. "For example, children who grow up with either one parent households or households where both parents work all the time are at a higher risk for juvenile delinquency due to lack of supervision" (Dui Attorneys, 2012, para. 10). In addition,

strong family environment is crucial to the upbringing of children. When criminal parents raise children, they can learn by their parent's bad example or criminal indoctrination. Children are certainly set up for a pattern of unruly behavior in such unhealthy environments. Of course, peer pressure is also a common factor in juvenile crime. Children are susceptible to doing things they wouldn't commonly do out of desire for acceptance surrounded by their peers. (Dui Attorneys, 2012, para. 11)

The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. I used a phenomenological design to collect data from two intervention and prevention program facilitators who took part in semi structured interviews conducted through email using open-ended questions to determine whether these programs have brought about a change in youth risk-taking behavior and juvenile delinquency and the possible

consequences of program discontinuation. Chapter 1 provided a comprehensive overview of this study. Chapter 2 presents a review of the literature that supported the research question and identified the gaps that was addressed in this study. I restate the problem statement, purpose of the study, and research questions. In addition, I list the literature search strategies. There is a discussion of the theoretical foundation on which this study was based, the literature related to key variables and/or concepts is reviewed, and a broad overview is given concerning how positive social change may occur based on analysis of the study's findings.

Literature Search Strategy

For this study, the major keywords used in searching for literature were *juvenile delinquency, youth risk community-based programs, impact intervention and prevention programs have on youth risk behavior, curbing youth risk behavior and juvenile delinquency, Monroe County juvenile intervention and prevention programs, crime committed among youth, youth risk behavior, kids behaving badly, and characteristics of effective intervention and prevention programs*. In most cases, reviewing the literature related to the key themes warranted an expanded review of other terms and phrases not initially identified, such as *youthful offenders, risk factors among youth, crime and juvenile delinquency, and community-based programs that help to empower youth*. The resources used in identifying the literature were published books, Dissertations and Theses database, Google Scholar, ProQuest Central, SocINDEX, ERIC, SAGE Premier and Sociology Databases, Psychology Databases, Business Source Complete, and ABI/INFORM Complete.

Theoretical Foundation

Youths are faced with opportunities that are both beneficial and harmful. One group of youth will take advantage of the opportunities that are beneficial such as, living a crime-free lifestyle, restraining from engaging in risk-taking behavior and juvenile delinquency, graduating from school and/or college, and becoming productive members of society. The other group will choose to engage in opportunities that are harmful.

Opportunities include but are not limited to dropping out of school, engaging in drugs and alcohol, criminal activities and/or other risky behaviors. In 1918, Cooley wrote,

“when an individual actually enters upon a criminal career, let us try to catch him at a tender age, and subject him to rational social discipline.... [that has already been] successful in enough cases to show that it might be greatly extended (Chapman, 2007, p.41).”

In recent years, much attention has been dedicated to developing appropriate systematic techniques to help prevent, eliminate and/or reduce youth risk behavior and delinquency (Shader, 2004, p. 1).

Effectively addressing youth risk-taking behavior and juvenile delinquency has proven to be challenging (Youth.gov, 2016; Lipsey et al., 2010; OJJDP, 2003). Once the cause(s) of juvenile delinquency is determined, it is important to effectively address this issue. Chapman (2007) proposed that theoretically based empirical assessment of intervention programs designed to reduce delinquency will enhance understanding of the causes of delinquency and how it can be effectively addressed. “Fairly strong evidence now demonstrates the effectiveness of a dozen or so “proven” delinquency-prevention

program models and generalized strategies” (Greenwood, 2008, p. 186). In Florida, the group of juvenile justice is dedicated to sacrificing juvenile delinquency directly through prevention, intervention, and medicine services. These group works closely with families, schools, religious groups, businesses, law enforcement and communities (Dui Attorneys, 2012).

Recent literature review identified prevention programs that had a positive impact on the lives of adolescents who behave badly or act out. The United States Department of Justice’s OJJDP (1994) identified several intervention and prevention programs that were proven effective in curbing juvenile delinquency through empirical evaluations. Programs include,

“strengthening the institutions of school and family in the life of the youth, such as smaller class sizes in early years of education; tutoring and cooperative learning; classroom behavior management, behavioral monitoring, and reinforcement of school attendance, progress, and behavior; parent training and family counseling; and youth employment and vocational training programs” (para. 8).

The methods utilized to address juvenile delinquency will impact the future of our youths as well as our future society (Youth.gov, 2016; National Research Council, 2013; OJJDP, 1996). According to the United States Department of Justice’s OJJDP (1994),

“RAND worked under the assumption that juvenile delinquency and behavioral problems are strongly linked to criminality later in life. RAND studied programs intended to prevent or help resolve earlier youth misconduct while simultaneously

avoiding the costs of adjudicating and imprisoning some offenders later” (para. 12). Chapman’s (2007) theory addresses the effectiveness of intervention and preventative programs. As stated earlier, because Chapman’s theory addresses the effectiveness of intervention and preventative programs, it has been used to evaluate the potential of delinquency intervention programs to reduce recidivism in hopes of improving outcomes for young offenders (Brasher, 2013). The approach provides details on social cognitive changes that emerge as a result of implementing effective intervention and prevention programs.

This study was based on the assumption that intervention and prevention programs may help reduce and/or prevent youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. According to the U.S. Department of Justice, OJJDP (1994), “programs considered promising include conflict resolution and violence prevention curriculums in schools; peer mediation; mentoring relationships; community service for delinquent youth; restrictions on the sale, purchase, and possession of guns; and intensified motorized patrol and community policing” (para. 9).

Early intervention programs helped reduce the likelihood of youth engaging in risk-taking behavior and juvenile delinquency. Current literature indicates that effective programs are those that aim to act as early as possible and focus on known risk factors and the behavioral development of juveniles (Youth.gov, 2016). For example, families and schools should respond at once when a youth starts to misbehave at school or if their grades begin to suffer. It is predicted that immediate intervention will help remedy

antisocial behaviors before they become more disruptive, criminal, or violent in nature (OJJDP, 1994). According to Greenwood (2008),

“early intervention and prevention programs can help prevent the onset of adult criminal careers and thus reduces the burden of crime on its victims and on society. Criminality among adults and juveniles can take a financial toll on taxpayers. For instance, arresting, prosecuting, incarcerating, and treating offenders can cost most state budgets billions of dollars a year” (p. 186).

Characteristics Related to Youth Risk and Delinquent Behavior

Identification of risk factors among youth is the first step in identifying risks to re-offending. “A relatively small number of juveniles commit crime. Furthermore, of those juveniles who do commit crimes, most juveniles will only commit one or two offenses. For these individuals, the experience of the juvenile justice system--being arrested by a law enforcement officer, facing their parents, having to spend a night in juvenile hall, interacting with a probation officer or a judge--is enough to keep them from offending again” (California’s Legislative Analyst’s Office, 1995, para. 1). Identifying which risk factors may cause delinquency for particular sets of youth at specific stages of their development may help programs target their efforts in a more efficient and cost-effective manner (Shader, 2004, p. 3).

Risk Factors

“Risk factors is broadly defined as “those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected from the general population, will develop a disorder. Risk factor also

predict an increased probability of later offending” (Shader, 2004, p. 2). According to Shader (2004), “Psychologists Coie and colleagues suggest the following information regarding risk factors: The following risk factors consist of direct quotation:

- Dysfunction has a complicated relationship with risk factors; rarely is one risk factor associated with a particular disorder.
- The impact of risk factors may vary with the developmental state of the individual.
- •Exposure to multiple risk factors has a cumulative effect.
- •Many disorders share fundamental risk factors.

Reasons to Study Risk Factors

According to Shader (2004), several juvenile justice researchers have linked risk factors to delinquency (and many have also noted multiplicative effects if several risk factors are present (p.3). In addition, “Herrenkohl and colleagues (2000) report that a 10-year-old exposed to six or more risk factors is 10 times as likely to commit a violent act by age 18 as a 10-year-old exposed to only one risk factor” (Shader, 2004, p.3).

Similarly, the age range or developmental period during which a youth is exposed to a specific risk factor is important to individuals working to tailor prevention programs to specific factors (Shader, 2004, p. 3).

Risk Factors

According to the University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resource (2007), scholars identified several factors that predispose youth to risky behaviors. At the individual level, youth who have low self-

esteem, negative peer groups, and low school engagement or educational aspirations are more likely to engage in risk-taking behavior and juvenile delinquency. Familial factors include poor parent-child communication, low parental monitoring (e.g., parents are unaware of the youth's whereabouts), and a lack of family support. When parents themselves engage in risk-taking behaviors, teens also are more likely to do so. Extra-familial variables also play a role in the risk behaviors of youth. Youth who experience negative school climate, poor neighborhood quality, low socioeconomic status, and poor (or no) relationships with nonparental adults also are at more risk for negative behaviors.

Risk Factors Identified With Juvenile Crime

A small number of individuals who are chronic recidivists are responsible for a large proportion of juvenile crime. Research has shown that these juveniles commit their first offense at an early age (usually age 11), and even at this early age, these juveniles display a variety of serious problems indicative of an "at-risk" juvenile. These problems include but are not limited to failure in school, family problems, substance abuse, pattern behaviors, and "conduct" problems, gang membership and gun possession. Having these risk factors does not guarantee criminal behavior, but simply increases the likelihood of such behavior. Because young offenders who show multiple risk factors are the most likely to become chronic recidivists--"career criminals"--early intervention that alleviates these problems could potentially have a long-term beneficial impact on the level of future crime (California's Legislative Analyst's Office, 1995).

Failure in School

Studies show children who show multiple risk factors are at a higher risk of failure in school as well as other negative outcomes including maladaptive behavior. Scholars have identified several factors that predispose youth to risk behaviors. At the individual level, youth who have low self-esteem, who have negative peer groups, and low school engagement or educational aspirations are more likely to engage in risky behaviors (University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources 2014). Characteristics related to juvenile delinquency include academic failure, suspension and drop out. These characteristics can occur at the elementary, middle and high school level. Academic failure, exclusionary discipline practices, and dropout have been identified as key elements in a “school to prison pipeline (Christle, Jolivette, & Nelson, 2005).

According to University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources (2014) there are many reasons why youth fail, are suspended, drop out of school and/or share a lack of interest. In a recent nationwide survey of high school students reveals that about 6% reported not going to school on one or more days in the 30 days preceding the survey because they felt unsafe at school or on their way to and from school (CDC, 2010). About 32% of high school students reported being in a physical fight in the 12 months before the survey and 20% of students reported being bullied on school property. In addition, high school students reveal that about 6% reported not going to school on one or more days in the 30 days preceding the survey because they felt unsafe at school or on their way to and from school. About 32% of high school students

reported being in a physical fight in the 12 months before the survey and 20% of students reported being bullied on school property.

Family Problems

Family structure in the United States has also changed during this era and is more diverse. Adolescents of all ages live in many diverse types of homes, such as single parent, married, and cohabiting parents. In general, children living in nontraditional households are at a greater risk for a wide variety of negative outcomes including involvement in delinquency compared to those from married households (Parks, 2013). As a result, the level of supervision, involvement, and discipline received from parents varies and may play a role in why adolescents turn to juvenile delinquency.

Studies show that family structure and the social environment in which children grow up in can have an impact on whether they engage in risk-taking behavior and juvenile delinquency (Youth.gov, 2016; Anderson, 2014). According to Shader (2004), “Family characteristics such as poor parenting skills, family size, home discord, child maltreatment, and antisocial parents are risk factors linked to juvenile delinquency. Parenting skills such as, parental supervision, parental conflict, and parental aggression, including harsh, punitive discipline are also risk factors linked to juvenile delinquency. In addition, research studies have shown that children from families with four or more children have an increased chance of offending” (p. 6).

According to the National Center for Children in Poverty (2012),

“as early as 24 months, children in low-income families have been found to show lags in cognitive and behavioral development compared to their peers in higher-income families. Other risk factors, such as living in a single-parent family or low parent education levels, especially when combined with poverty, can markedly increase children’s chances of adverse outcomes (para. 2).

Substance Abuse

Adolescents in the United States are susceptible to substance abuse. Drug and alcohol abuse are risk factors associated with both violent and income-generating crimes by youth. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse (OJJDP, 1998.). In addition, juvenile delinquent behavior has “increased fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources” (OJJDP, 1998, para.12).

According to the University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources (2014), alcohol and drug abuse are linked to motor vehicle accidents, fighting/violence, problematic relationships, and social interactions, and various diseases. Over 38% of youth nationwide reported that they drank alcohol and 26% admitted to engaging in binge drinking (five or more drinks in a row) in the past month. According to the Office of National Drug Control Policy (1999) youth marijuana use has been associated with a wide range of dangerous behavior. Nearly one million youths aged 16 to 18 (11% of the total) reported driving in the past year at least once within two hours of using an illegal drug (most often marijuana). Many descriptive

studies proved that people who use drugs are more likely to have mental disorders, physical health problems, and family problems. In addition, a recent study showed that marijuana use by teenagers who have prior serious antisocial problems can quickly lead to dependence on the drug (NIDA, 1998). According to the Office of National Drug Control Policy (1999), adolescent's physical and psychological states of development cause them to be highly susceptible to the ill-effects of drug use not only at that moment of use, but for years to come as well. Additionally, the behavior patterns that result from teen and preteen drug use often result in tragic consequences. The self-degradation, loss of control, and disruptive, antisocial attitudes that young people develop because of drug use cause untold harm to themselves and their families.

Illicit drug use is both a health and a public concern because of the obvious negative physical effects it has on users. Effects include, but not limited to, brain damage and damage to major physical organs. Illicit drug use is also linked to a host of other health-compromising behaviors such as risky driving, engagement in high-risk sexual behaviors, and violence. Due to the brain still developing during the teen years, risks for impairment are higher prior to adulthood. Recent estimates suggest that by age 13, a little over 8% of teens have tried marijuana. In a national survey by the CDC, 23% of 9th to 12th graders used marijuana at least once in the 30 days prior to the survey (University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources, 2014).

In the United States, another growing concern is prescription drugs taken improperly or used without a doctor's prescription. According to the University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources (2014),

approximately 20% of students in 9th to 12th grade reported taking prescription drugs without a doctor's prescription. Examples of illicit prescription drugs include OxyContin®, Percocet®, and Adderall®. In recent years, methamphetamine use has become a serious concern in the United States. The low cost of the drug and the ease at which many youths can access this substance have contributed significantly to its rapid spread. The serious, immediate, and long-term effects of methamphetamine have made it a top concern for many professionals and policy makers. Nationally, almost 4% of adolescents reported having tried or used methamphetamine.

Youth Violence

Crimes of violence among youths can include fighting, rape and robbery. Juveniles between the ages of 12 and 17 are most likely to be victims of these, being significantly correlated with low grades, younger age of onset of sexual activity and a high desire for acceptance from peers. Exposure to violence and victimization has also attributed to the cause of perpetration of violent crime by youth. Youth on youth violence mainly involves assaults. People between the ages of 12 to 19 are most likely to be victims of assaults by people in the same age group. Reports of victims under age 12 are not normally considered in the National Crime Victimization Survey (NCVS). If they were, this figure would be substantially higher (Corrections.com, 2005).

Approximately, 700,000 youths between the ages of 10 to 14 are treated in emergency departments each year for injuries sustained due to violence-related assaults. In addition, 16 persons between the ages of 10–24 are murdered each day. Recent research identified demographic groups most at-risk for exposure to community violence

and established a multitude of harmful consequences of this exposure. The demographic predictors of exposure to community violence indicate that African American males and older youths are more often exposed to violence. African American youths living in urban, low-income communities have been shown to be more at-risk for being exposed to community violence than any other population in the United States (Thomas et al., 2012)

The information presented consists of direct quotation from CDC (2012):

- In 2010, 4,828 young people ages 10 to 24 were victims of homicide—an average of 13 each day.
- Homicide is the 2nd leading cause of death for young people ages 15 to 24 years old.
- Among homicide victims 10 to 24 years old in 2010, 86% (4,171) were male and 14% (657) were female.
- Among homicide victims ages 10 to 24 years old in 2010, 82.8% were killed with a firearm. Each year, youth homicides and assault-related injuries result in an estimated \$16 billion in combined medical and work loss costs.
- Juveniles (<18 years) accounted for 13.7% of all violent crime arrests and 22.5% of all property crime arrests in 2010.
- In 2010, 784 juveniles (< 18 years) were arrested for murder, 2,198 for forcible rape, and
- 35,001 for aggravated assault.

Youth violence affects not only the victims but also their families, friends, and communities. Its effects can be seen not only in death, illness, and disability, but in

quality of life as well. Violence involving young people adds greatly to the costs of health and welfare services, reduces productivity, decreases the value of property, disrupts a range of essential services and generally undermines the fabric of society (World Health Organization, 2015).

Most violent youths begin their violent behavior during adolescence (NCBI Bookshelf, 2001). The National Youth Survey (1998) showed that nearly 13% of male adolescents in the early-onset trajectory engaged in violence for two or more years, compared to only 2.5% in the late-onset trajectory (NCBI Bookshelf, 2001). Between 20 and 45% of boys who are serious violent offenders by age 16 or 17 started their violence in childhood. A higher percentage of girls who were serious violent offenders by age 16 or 17 (45 to 69%) were violent in childhood. This means that most violent youths begin their violent behavior during adolescence. However, youths who commit most of the violent acts, who commit the most serious violent acts, and who continue their violent behavior beyond adolescence begin during childhood (NCBI Bookshelf, 2001).

Homicide is the second leading cause of death for people ages 15 and 24, the third leading cause for people ages 10–14, and 25–34, and the 4th leading cause for people ages 1–9 (CDC, 2010). According to the Center for Public Safety Initiatives (2012), in New York State, firearms accounted for an average of 63.6% of all murders between 2002 and 2011. In addition, the number of non-fatal shooting injuries reported by the 17 IMPACT counties in 2011 was 799, down from 819 in 2010 and totaled 64 fewer victims than in 2006 with 836 non-fatal injuries.

Overall, the incidence of non-fatal victims of firearm injury has remained steady over the last five years, except for 2006 with the highest number of non-fatal injuries. Between 2006 and 2010, the number of fatal shooting injuries remained around 140 to 150 deaths each year, before dropping to 84 firearm deaths in 2011. Though these recent data showed a decreasing trend in shooting victimization, the number of shooting victims statewide in 2012 had already reached 172 by March, with 15 of those injuries being fatal. At the same time, the previous year there had been only 120 victims resulting in 12 fatalities (Center for Public Safety Initiatives, 2012).

Focusing further on Rochester, New York, the Division of Criminal Justice Services reports an average of 43 homicides in Rochester annually since 2002. Compared to the state rate of about 64% of homicides by firearms, 74% of Rochester homicides from 2002 to 2010 were due to shootings. This number reached just over 82% in 2009 and decreased to 45% of homicides involving firearms in 2011. The total number of annual shooting injuries in Rochester reached a recent peak in 2006, with 276 victims that year. From 2006 to 2010, an average of 16.4% of shootings resulted in fatalities: 1% higher than the statewide average (Center for Public Safety Initiatives, 2012).

According to NCBI Bookshelf (2001) researchers (Elliott & Tolan, 1999; Pepler & Slaby, 1994) linked a lack of social problem-solving skills to youth violence. When children and adolescents face social situations for which they are unprepared emotionally and cognitively, they may respond with aggression or violence. Many asserts that we can improve children's ability to avoid violent situations and solve problems nonviolently by

enhancing their social relationships with peers, teaching them how to interpret behavioral cues, and improving their conflict-resolution skills (CDC, 1999).

Gang Membership and Gun Possession

Gang membership and gang-related crime is primarily a juvenile problem. Gang membership, especially at an early age, is strongly associated with future criminal activity. Juvenile gun possession is a factor that “magnifies” juvenile crime by making offenses more likely to result in injury or death. In 2010 in Rochester, “63 different gangs were represented in violent crimes and 25.8% of shooting victims were gang involved. An additional 85 gang members were arrested for criminal possession of a weapon in 2010” (Center for Public Safety Initiatives, 2012, p.13). According to Center for Public Safety Initiatives (2012), in their study of gang-related violence, Bullock and Tilley discovered that gang members used firearms for various reasons. These reasons were partly protective, partly symbolic, and partly instrumental for committing violent crimes. Spano, Pridemore, and Bolland studied youth offenders of firearm-related violence and found that exposure to and previous participating in violent crime increased the likelihood of youth gun carrying. Watkins, Huebner, and Decker (2008) summarized characteristics of violent firearm offending, concluding juveniles were more likely to carry and fire a gun. Gun behaviors among juveniles are largely driven by gang membership, access to guns and fear of the streets.

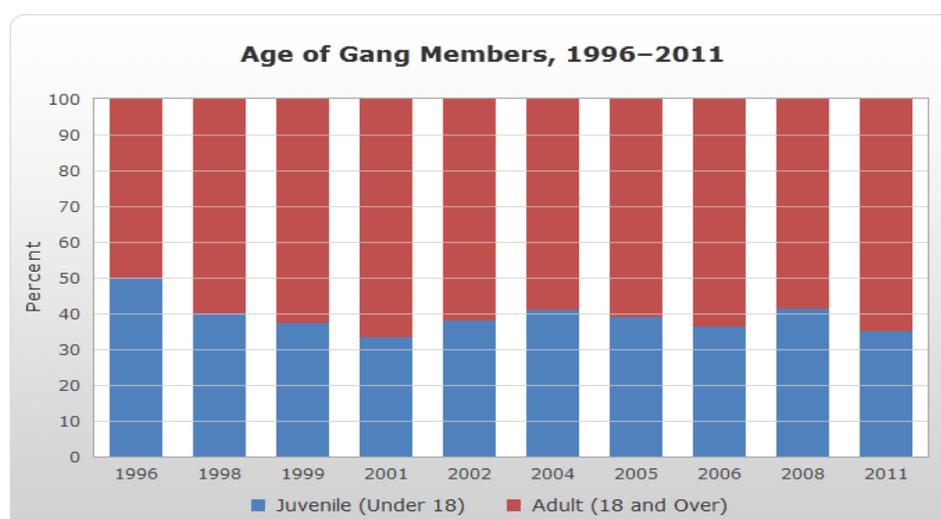
Age of Gang Members

Respondents provided information regarding the estimated ages of gang members in their jurisdictions. The information presented consists of direct quotation:

- In virtually every survey year, law enforcement agencies report a greater percentage of adult (18 and over) gang members compared with juvenile (under 18) gang members.
- The most recent figures provided by law enforcement indicate that more than three out of
- every five gang members are adults.

Figure 2

Age of Gang Members



Note. From National Gang Center, retrieved from

<https://www.nationalgangcenter.gov/Survey-Analysis/Demographics>

Age of Gang Members by Area Type

The age of gang members is compared across area types in 2011. Larger cities and suburban counties, which typically have long-standing gang problems, are more likely to report more adult gang members than juvenile gang members. Conversely,

smaller cities and rural counties, whose gang problems are relatively more recent, are more likely to report equal proportions of juvenile and adult gang members.

Gender of Gang Members

Respondents provided information regarding the gender of gang members in their jurisdictions. Law enforcement agencies overwhelmingly report a greater percentage of male gang members versus female gang members—a typical finding from law enforcement data, but one that is challenged by other research methodologies. Despite a growing concern of females joining gangs, little to no change in the percentage is observed across survey years.

Race/Ethnicity of Gang Members

Respondents provided information regarding the race/ethnicity of gang members in their jurisdictions. Law enforcement agencies report a greater percentage of Hispanic/Latino and African American/Black gang members compared with other race/ethnicities. The most recent figures provided by law enforcement are 46% Hispanic/Latino gang members, 35% African American/Black gang members, more than 11% White gang members, and 7% other race/ethnicity of gang members.

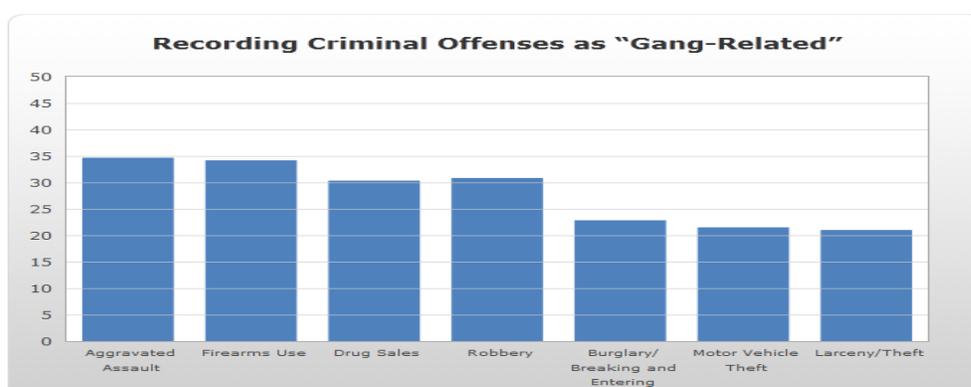
Regularly Record Any Criminal Offense as Gang Related

Respondents indicated whether their agencies have instituted procedures for regularly recording criminal offenses as “gang-related.” Other than homicides and graffiti, law enforcement agencies generally do not record any criminal offenses as “gang-related.” Across the 7 offenses in Figure 3, one-third or less of the agencies reported that they regularly record each as “gang-related.” Respondents reported

recording person offenses, firearms use, and drug crimes as “gang-related” at a slightly higher rate compared with property-related crimes. The relative lack of definitive and comprehensive gang-crime statistics for violent and nonviolent offenses alike signifies that much remains unknown about gang crime trends.

Figure 3

Recording Criminal Offenses as Gang Related



Note: From National Gang Center, retrieved from

<https://www.nationalgangcenter.gov/Survey-Analysis/Demographics>

Impact of Intervention and Prevention Programs

Curbing juvenile delinquency has been extremely challenging (Youth.gov, 2016; Juvenile Justice, 2012; Lipsey et al. 2010; OJJDP, 2003). The methods used to prevent and/or curb juvenile delinquency have changed over a period of time. However, studies show that the most effective methods are intervention and prevention programs (Youth.gov, 2016; SAMHSA, 2018). The Delinquency Prevention Act in 1974 “pave the way” for the U.S. Congress to create an office (the OJJDP) within the Justice Department to help states and communities prevent and control juvenile delinquency. This act has

been continuously reauthorized by Congress and continues to provide research and federal funding to delinquency intervention (Chapman, 2007).

Although there are several existing interventions and prevention programs, it was unclear which programs are effective. Research was conducted to decide which programs were effective (Youth.gov, 2016; Juvenile Justice, 2012; Lipsey et al. 2010; OJJDP, 2003). Identifying the primary theoretical perspective behind an intervention program is important, because one's theory choice informs the design and goals of the intervention (Chapman, 2007). According to Harmon (2015), intervention programs that showed the most promising results in reducing delinquency were ones that focused on early preventive measures.

Consistent with public health and child development approaches, many prevention programs target risk and protective factors to intervene early and prevent (rather than respond to or treat) later problem behavior. Early interventions have proven to be effective because these programs focus not on reducing crime, since at this point children are too young to commit crimes. Rather, the focus is on targeting risk factors that later predict delinquent behavior. If these risk factors are properly dealt with, they will decrease the chances of this future negative behavior (Saminsky, 2010).

The OJJDP recommends that the following types of school and community prevention programs be employed (Youth.gov, 2016):

- Classroom and behavior management programs
- Multi-component classroom-based programs
- Social competence promotion curriculums

- Conflict resolution and violence prevention curriculums
- Bullying prevention programs
- Afterschool recreation programs
- Mentoring programs
- School organization programs
- Comprehensive community interventions

Harmon (2015) posited that the more promising intervention programs include after-school recreation programs and school organization programs. Having kids involved in these activities keeps them off the streets, gives structure, and gives a positive role model to him or her. Such activities also provide the parents an opportunity to be a part of these same events along with the child. An effective approach in preventing delinquency would be one that involves the whole family. According to Greenwood (2008), “the most successful programs are those that emphasize family interactions, probably because they focus on providing skills to the adults who are in the best position to supervise and train the child” (p. 198). Wisconsin has a child welfare system designed to protect children who are at risk of harm because of their family situation or because of their own behavior or condition. The focus of the child welfare system is on the family, often with an emphasis on the conduct and condition of the parents.

Division For Youth Programs

Division For Youth (DFY) programs are traditional interventions designed to punish or attempt to frighten youths. Monroe County offers a number of DFY programs. The DFY operates the Industry School and the Oatka Residential Center.

These are two limited secure residential facilities for male youth that are next to each other on a 1,500-acre site in Monroe County. The facilities provide intensive rehabilitation programs for juvenile delinquents under a controlled and restrictive environment. Industry school serves an average of 128 residents whose ages range from 13 to 18, and Oatka serves an average of 102 residents between the ages of 11 and 16. The Division expends about \$11 million annually to operate the two facilities, which employ about 300 people (State of New York Office of the State Comptroller Division of Management Audit, 1997).

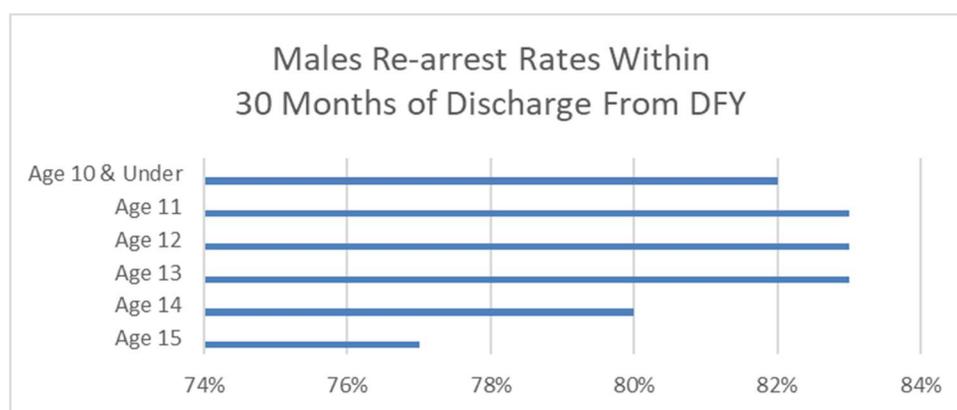
Among youths in the full cohort, 81% of males and 45% of females were arrested within three years of final discharge from DFY custody. For males and females combined, 75% were arrested for a felony or misdemeanor, 42% were arrested for a violent felony, and 62% had at least one arrest leading to a conviction. A statistical method known as life table analysis allowed reliable estimates of recidivism rates for follow-up periods of at least 6 years. More than 4 out of 5 of youths included in these analyses were arrested for new crimes within 6 years of final discharge from DFY custody. Youths faced an especially high-risk of re-arrest during the first 6 to 9 months following first release from residential confinement to community supervision. 26% were arrested within the first three months following release; 42% were arrested within 6 months; and more than half were arrested within 9 months (Office of Justice Systems Analysis Research Report, 1999).

According to the Office of Justice Systems Analysis Research Report (1999), Yoshikawa (1994) cited research showing that youths first convicted between the ages of

10 and 15 were more likely to become “chronic offenders” than youth who were first convicted at age 16 or older. In New York State, however, 16-year-olds are considered adults, and all of the youths placed with DFY had to be 15 or younger at “onset.” Within the available range, the observed relationship between age of first arrest or first PINS adjudication. Among all males combined, the age-specific rates of re-arrest within 30 months of discharge by age of onset were as follow.

Figure 4

Male Rearrest Rates Within 30 Months of Discharge From DFY



Recidivism rates for youths released from juvenile correctional facilities are uniformly high. Although most confined youths are held in facilities for juveniles, a smaller but substantial number of youths are held in adult correctional facilities.

According to the National Prisoner Statistics program and the Annual Survey of Jails, on an average day in 2010, some 7,560 youths under age 18 were held in adult jails, and another 2,295 were in adult prisons. These youths are at elevated risk for physical harm and are more likely to reoffend after release, than youths confined in juvenile facilities (Casey, 2013).

New York State's juveniles re-offend rates are astronomically high. By the time children who have been released from a state facility reach their 28th birthday, 89% of the boys and 81% of the girls will have been rearrested. In addition, 63% of juveniles will have been arrested, 43% for felonies only two years after release from state custody (New York State Juvenile Justice Advisory Group, 2010).

Summary

In Chapter 2, I presented what is known about youth risk-taking behavior and juvenile delinquency and presented evidence addressing critical risk factors identified. These risk factors were identified by multiple sources such as CDC, University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources, and Center for Public Safety Initiatives among other sources. A variety of methodologies and studies were presented offering a view of youth risk-taking behavior that may increase the likelihood of juveniles engaging in delinquent behavior and becoming repeat offenders.

Guided by Chapman's theory that there is a connection between modern theories of deviance and programs of juvenile delinquency intervention is possible for youths to model and learn positive behavior patterns through intervention and prevention programs. Prevention programs target youths in efforts to prevent smoking, drug use, and teen pregnancy. At-risk youths are targeted "for a particular outcome, such as delinquency or violence, a group that might include those in disadvantaged neighborhoods, those struggling in school, or those exposed to violence at home" (Greenwood, 2008, p. 196). Community-based intervention programs aim to divert youths away from the juvenile justice system, serve youths on informal or formal

probation, or assist parolees returning to the community after completing a residential program. These settings range from individual homes, to schools, to teen centers, to parks, to the special facilities of private providers (Greenwood, 2008). Early age intervention programs may prevent juveniles from becoming a part of the juvenile justice system in later years and enhance the juvenile chances of success in adulthood (Harmon, 2015). Early intervention and prevention programs may help prevent, reduce and/or eliminate youth risk-taking behavior and delinquent behavior and recidivism among adolescents between the ages of 13 and 16.

The review of the literature revealed a gap to be the identification of which youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16, if any, could change by the implementation of intervention and prevention programs. While there are several existing intervention and prevention programs, it is important for juveniles to take part in intervention and prevention programs that are most effective in curbing juvenile delinquency. The juvenile justice system has made vast improvements in recent years in developing programs to prevent juvenile delinquency and criminal acts (Harmon, 2015).

A program that can reach children at an early age will provide a foundation that may prevent delinquent behavior in teenage years through adulthood. It has been proven through the process of developmental criminology that children having behavior problems at an early age are likely to continue on the wrong path unless there is some type of intervention in the child's life (Harmon, 2015). Stakeholders, community centers, politicians, social workers, health care providers, education institutions, in designing

programs that will help address youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16.

In Chapter 3, the research method chosen to explore the possibilities of whether there is a correlation between the discontinuation of intervention and prevention programs youths' risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. Chapter 3 will also discuss the research design, approach, and include a discussion on why this research is still relevant. Data collection techniques and analysis will conclude the chapter.

Chapter 3: Research Method

The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. Monroe County, New York was chosen because it comprises 19 towns, 10 villages, and the city of Rochester (the third largest city in the state), which included a large number of adolescents between the ages of 13 and 16. Evidence suggested there are problems with the juvenile justice system, particularly for reducing recidivism for adolescents between the ages of 13 and 16 (OJJDP, 2019).

Chapter 1 provided a comprehensive overview of this study. In Chapter 2, various risks-taking behaviors were identified and analyzed in current research studies. Chapter 3 includes a description of the research design and rationale for the study. The chapter includes a discussion of the role of the researcher and the methodology, including justification of the phenomenological design. Chapter 3 also includes data collection and instrumentation strategies. It includes a discussion of the data analysis approach, in addition to strategies to ensure trustworthiness of the study both internally and externally. I also explain how the methodology for a survey study was designed to elucidate risk behaviors and how school-based health care may affect these behaviors by decreasing, increasing, or making no discernible change in them.

Since the early 1990s when the CDC developed the YRBS, studies have been published looking at either combining risks (e.g., effect of alcohol on poor sexual outcomes or relationship between alcohol and truancy) or identifying mediating effects

such as increases in physical activity. The YRBS was conducted in Monroe County public high schools, including the Rochester City School District (RCSD), during the 2018–2019 school year. The YRBS, designed and validated by the CDC, has been conducted nationally and in several states and localities since 1990. The goals of the survey are (a) to assess health risk behaviors among high school students, (b) to monitor changes in these behaviors over time, and (c) to broadly evaluate the impact of preventive programs. The research questions for this study were the following: To what extent do youth programs in New York’s Monroe County use techniques consistent with Chapman’s model of delinquency intervention, and how effective are they? What are the possible effects of possible discontinuation of specified programs?

Researcher Philosophy

Qualitative researchers seek to understand the phenomenal world through the study of events, actions, talk, and interactions. Creswell (2009) noted that qualitative research is interpretive, and researchers’ lived experiences, as well as their training, often influence their research approach. Creswell argued that in qualitative research, the role of the researcher requires the identification of personal values and assumptions biases at the outset of the study. I was in the planning stage of designing a community center study. My relationship to the research problem was teaching basic life skills associated with violence, gang activities, drug use and dependency, school, incarceration, and adult criminality that strengthen the institutions of school and family in the lives of adolescents locally and nationally. The current study may help local community centers better understand the factors that lead to youth risk-taking behavior and juvenile delinquency

among adolescents between the ages of 13 and 16. In addition, this study may lay the groundwork for future research.

Several research topics were considered before focusing on the relationship between intervention, prevention programs, and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. Researchers are the primary instrument of data collection in qualitative studies. I acted as the principal research instrument by collecting and analyzing various data describing the effects intervention and prevention programs have on the community. My role as the researcher was to conduct interviews with six intervention and prevention program facilitators. Yin (2009) argued that a researcher should be a good listener and not be trapped by personal ideologies and preconceptions. Member checking is an evaluation given to the voluntary participant at the end of the interview asking if their observation of the researcher had an element of bias in the questioning during the interview (Rajendran, 2009). Patton (2002) proposed that at the outset of the study the researcher should be completely transparent regarding their biases. To manage biases, the researcher should explain and identify perceived biases at the outset of the study (Maxwell, 2005). I did not have personal connections or relationships with participants beyond what was needed for completion of the study.

Research Design

Qualitative methodology provides the researcher with valuable data and details about human behavior, emotion, and personality characteristics. A qualitative study focuses not only on the physical and behavioral happenings, but also on how participants

make sense of such events and behaviors, and how their understanding and perspectives influence their behavior. Qualitative methods are often driven by the capability of the researcher to study the phenomenon of interest in its natural environment (Creswell, 2009; Miles & Huberman, 1994). This opportunity is generally realized through rigorous contact with individuals or organizations in which the researcher gains real-world experiences reflecting the phenomenon being studied (Miles & Huberman, 1994). Qualitative research typically includes a small sample of people or situations to preserve the originality of the study. In qualitative research, the goal is to lower the probabilities of discovery failure, as opposed to lowering quantitative estimation error. For this reason, qualitative samples must be large enough to make sure the researcher draws rich and in-depth data to conduct a comprehensive analysis (BMC Medical Research Methodology, 2018).

The qualitative approach allowed me an opportunity to be innovative in interviewing and observation strategies. I gave respondents the free will to answer the interview questions. I avoided showing any bias during data collection and analysis to ensure that any biases in this research study were not present. Member checking was conducted to reduce prejudice in qualitative data gathering and analysis.

Through qualitative research, I am able to gain a clearer understanding of an area of discipline. Qualitative research is intrinsically open and flexible, which allows for modifications during the research process to understand new findings and correlations. This flexibility derives from the particularistic quality of qualitative research, rather than the comparative, generalizing, and restrictive focus of quantitative research. This research

method can identify factors that affect areas under examination. Maxwell (2005) stated “the strengths of qualitative research derive primarily from its inductive approach, its focus on specific situations or people, and its emphasis on words rather than numbers” (p. 22). Qualitative research methods help provide explanations of complex phenomena and are also useful in developing theories and recommending hypotheses to explain the phenomena. Creswell (2009) described the qualitative approach as an emergent design in which the researcher does not subscribe to a one-size-fits-all approach but chooses processes that potentially change over time. As a result, I am able to facilitate the objective of qualitative research, which is to obtain rich information about the phenomenon addressing the research.

Phenomenological Research

A phenomenological design was utilized to collect data from Youth Program Coordinators, Director of School-Based Services, Director of Early Childhood & Youth Services and Pathways to Peace Coordinator, who participated in interviews conducted through email using semi structured, open-ended questions. The case study was accomplished by studying two intervention and/or prevention programs from at various sites such as, Botvin’s Life Skills (Prevention Education Services) and Compeer Rochester’s Youth Program. The sample population used to facilitate the case study included adolescents ages 13 to 16 in an intervention and/or prevention program in Monroe County, New York. The case study method offered significant potential for embracing my capability to study the social phenomenon associated with intervention and prevention. I was given the opportunity to study the effects of intervention and

prevention programming within a bounded system. Creswell (2007) noted that the bounded system is an effective tool because it provides researchers the opportunity to examine one or more bounded cases over periods. Miles and Huberman (1994) supported this view by stating that “Much qualitative research examines a single ‘case,’ some phenomenon embedded in a single social setting” (p. 27). The use of case study was considered appropriate for this study because the qualitative case study can be used to derive themes from interviews. This method is considered one of the more open-ended methods of collecting data, allowing participants for their own words and professional perspective to be used for the study. By using case studies I could expand on the themes identified through content analysis as well as the information collected from interviews. The use of case studies was appropriate for the purpose of this study, which will be to explore a particular outcome and determine how specific actions have led to these outcomes (Leedy & Ormond, 2005).

Phenomenology is an approach to qualitative research that focuses on the commonality of a lived experience within a particular group (Creswell, 2013). The qualitative case study method appears to be the most logical approach for evaluating intervention and prevention programs as implemented for adolescents between the ages of 13 and 16 years of age. Other qualitative designs considered for this study, but not selected, included meta-analysis narrative research, ethnography and grounded theory. Meta-analysis is deeply rooted in garnering concrete information from myriad studies throughout the scientific community regarding the researcher’s phenomenon of interest (Rudestam & Newton, 2007). The use of narrative inquiry was not in line with the

purposes and data sources for this study. This study made use of first-hand information provided by participants (program facilitators) through interviews conducted through email and did not use the conventional sources from narrative inquiry, such as field notes, letters, stories, and journals (Clandinin & Connelly, 2006). Ethnography was not possible as a method of research, because time and cost constraints prevented me from dedicating the resources needed to immerse myself fully into the culture of the group that is the focus of this study. I also considered grounded theory as a qualitative method. Grounded theory focuses on the question: What theory or explanation emerges from an analysis of the data collected about a particular phenomenon? Grounded theory is used to generate theory – the *how* and *why* something operates as it does, then seeks to provide explanations (Seamon, 2000; Strauss & Corbin, 2007). According to Patton (2002), grounded theory garners rich information facilitated inductively from fieldwork whereby theory emerges from real-world experiences. This study does not seek to provide alternative explanations; therefore, grounded theory was also eliminated as a method of research. The purpose of this study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. As described above, the specified research methods were considered inappropriate, considering the purpose of the study.

Research Questions

In this study, I attempted to answer the following research questions: To what extent do youth programs in New York's Monroe County utilize techniques consistent

with Chapman's Model of delinquency intervention, and how effective are they? What are the possible effects of possible discontinuation of specified programs? The following questions were asked to participants in order to provide answers to the research study questions:

1. What is your job title and responsibilities?
2. Describe your experience, observations, and/or knowledge surrounding intervention and prevention programs as it relates to curbing youth risk-taking behavior and juvenile delinquency.
3. How are the personnel in your intervention and prevention programs trained to identify/recognize potential factors of youth risk-taking behavior and juvenile delinquency?
4. What is your role in creating and implementing intervention and prevention programs? How often are these programs developed and implemented? What is the most common reason for developing and implementing intervention and prevention programs?
5. How many intervention and prevention programs does your organization provide to at-risk youth?
6. Describe the current intervention and prevention programs your organization provide to at-risk youth?
7. What do you believe are the major assets of the intervention and prevention programs offered by your organization? What are the goals of the intervention and prevention programs offered by your agency?

8. How does your organization assess the effectiveness of intervention and prevention programs? What is the recidivism rate?
9. Has your organization discontinued intervention and prevention programs? Why? How often?
10. What impact has discontinuing these programs had on curbing youth risk taking behavior and juvenile delinquency? Please provide specific examples.
11. What intervention and prevention programs would you like to implement?
12. Is there anything we have not discussed that you would like to add about intervention and prevention programs (in general) and/or youth risk-taking behavior and juvenile delinquency?

Target Population

The target population for the study was Monroe County, New York. Specifically, the participants consisted of youth program coordinators, director of school-based services, director of early childhood & youth services, and pathways to peace coordinator. Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting a face-to-face interview with the participants. Also, due to the COVID-19 outbreak, secondary data were collected from the YRBS. Since the early 1990s when the CDC developed the YRBS, studies have been published looking at either combining risks (e.g., effect of alcohol on poor sexual outcomes or relationship between alcohol and truancy) or identifying mediating effects such as increases in physical activity. The

YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. The YRBS, designed and validated by the CDC, has been conducted nationally and in several states and localities since 1990. The goals of the survey are (a) to assess health risk behaviors among high school students, (b) to monitor changes in these behaviors over time, and (c) to broadly evaluate the impact of preventive programs. The highlights of the 2019 Monroe County YRBS included adverse childhood experiences (ACEs/Trauma), violence/bullying, social media-bullying and safety issues, mental health, tobacco/e-cigarettes, alcohol use, marijuana use, use of other drugs, distracted driving/driving under the influence, sexual risks, physical activity, sleeping habits and assets. CDC-YRBS survey is meant to be read and understood by adolescents and has a short time frame for its completion (Brenner et al., 2004; Brenner et al., 2013). Given the rapid completion of surveys, it is efficacious for school systems to offer this survey design to their populations. When the schools understand the risks that their students take, decisions and policy changes could reflect what is needed to promote more positive youth behavior patterns (Keeton et al., 2012). An assumption of the study was that intervention and prevention programs could reduce and/or prevent risk-taking behavior and delinquent behavior among adolescents between the ages of 13 and 16. Lastly, this study was based on the assumption that the data collected from examining the intervention and prevention programs in Monroe County, New York and from interviews were accurate and unbiased.

The rationale for the selection of the participants were that studies showed a history of childhood, abuse, truancy, instability in the home and educational

underachievement can have an influence on adolescents engaging in risk taking behavior, committing criminal acts and re-offending (Lloyd M. 2018; OJJDP, 2012; Murry et.al., 2010; OJJDP, 2001). Youth engaging in risk-taking behavior and juvenile delinquency behavior are viewed as “kid being kids.” As a result, “many minor offenses committed by juveniles are considered part of growing up and are handled informally rather than by arrest and adjudication” (Roberson, 2016, p.7).

This study’s sample included youths’ organization and centers in Monroe County, New York. Administrators from successful organizations were contacted via electronic mail, email and /or telephone to request an interview. Administrators varying titles in their respective organizations included executive directors, program directors, program operations director, director, supervisor, case manager, and vice president. According to Patton (1990), an entire program may be the unit of analysis and qualitative inquiry focuses directly on the unit through observations and description and aggregating data from individuals to obtain overall program results. All youth organizations and centers received a number to ensure the initial privacy of the participants.

Instrument

Utilizing the appropriate instrumentation strategies for gathering and collecting data is critical for qualitative researchers. Creswell (2007, 2009) proposed that the researcher record data using four types of information gathering strategies, including observation, interviews, documents, and audiovisual material. Further, he expressed the importance of “conducting a semi-structured interview, audiotape the interview, and transcribe the interview” (p.130). While utilizing the observation approach he suggested

that the researcher use a protocol to facilitate the interview process. The examination was facilitated through rigorous data collection protocol strategies using triangulation of various methods of information gathering. The triangulation is data triangulation, which involves using different sources of information in order to increase the validity of a study (see Thurmond, 2001). A number of data sources were utilized such as, observation, interviews and archival data significant to the case being studied.

Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting a face-to-face interview with the participants. Due to the COVID-19 restrictions, data were collected from interviews conducted through email using semi structured and open-ended questions. The use of open-ended questions allowed me to provide a deeper understanding of the issue, because the data collected from the participants were based on their experiences in multi-faceted and multi-layered (Symon, Buehring, Johnson, & Casell, 2008; Groenewald, 2004). Also, due to the COVID-19 outbreak, secondary data were collected from the YRBS.

The qualitative case study method appears to be the most logical approach for evaluating intervention and prevention programs for their effectiveness in curbing youth risk-taking behavior and juvenile delinquency between the ages of 13 and 16. Compared to quantitative research, qualitative research focuses on the how and the why of the issue being studied (Mills, G. E., & Gay, L. R., 2016). This examination was facilitated through rigorous data collection strategies using data triangulation of various methods of

information gathering, including interviews conducted through email, secondary data, and archival data significant to the case being studied. The case study was accomplished through studying participants from two intervention and prevention programs at various sites and data were collected from interviews conducted through email. It was also accomplished through the use of existing data from the YRBS. This study incorporated the phenomena design, which focuses on one unique case/program of interest for evaluation (Creswell, 2007). Miles and Huberman (1994) supported this view by stating that “Much qualitative research examines a single ‘case,’ some phenomenon embedded in a single social setting” (p. 27).

Equally important is describing content validity. Content validity requires that the instruments used to facilitate the study accurately measure the characteristics of the phenomena in question (Fink, 2008). Maxwell (2005) pointed out that a qualitative proposal should embrace the notion of ruling out reasonable threats to the researcher’s analysis. Fink (2008) recommended a trick to establishing a measure with content validity is to be knowledgeable regarding the phenomena of interest. I kept this in mind when examining scholarly literature regarding the intervention and prevention phenomena throughout the duration of the study. Qualitative data were analyzed using content analysis to derive themes and patterns within the data (Butin, 2010). Further, data gathered will be used to understand the intervention and prevention phenomenon.

This study also used exiting data from the YRBS. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. Local survey results assessed the health risks of public high school students in

Monroe County. Schools, service providers, and health planners use these data as a base on which to develop interventions to reduce behaviors contributing to disease, injury, and premature death in the young adult population. Since 1992, this local survey has been completed thirteen times. Two suburban school districts opted out of the survey this year, so Monroe County Department of Public Health over-sampled in the remaining suburban districts. A random sample of public high school students were developed with a projected 5% margin of error and an 80% response rate. A total of 1828 surveys were selected for the sample. All surveys were administered through an online platform.

Methodology

The strength of qualitative research is largely based on its inductive methodology; its focus on specific people or circumstances, and its attention to words instead of numbers (Maxwell, 2005). According to Maxwell (2005), qualitative studies are best suited for five research pursuits: understanding the significance of something; understanding the specific framework of something; identifying unforeseen phenomena and impacts; conceptualizing the progression of events and actions taking place, and finally fleshing out explanations.

Explanations of the research method facilitating the design strategy related to the juvenile justice system were covered in Chapter 3. A qualitative case study method was selected in this study to examine the relationship between intervention, prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. A case study method was used to collect data from two intervention and prevention program

facilitators, who participated in interviews conducted through email due to the COVID-19 outbreak using semi structured, open-ended questions. This study also used exiting data for a secondary analysis (IRB #10-14-19-0135869). Chapter 3 addresses the selection of the qualitative case study as the method of choice. Further, the chapter includes discussion of the instrumentation process, in addition to procedures for recruitment, participation, and data collection.

YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. In 2019, the survey was administered in the RCSD using a confidential computer-based platform. Students voluntarily participated in the survey. In total 3,280 students participated in the survey out of an enrollment of 7,561. The final sample closely reflects the gender and grade distribution of enrollment in public high schools in the City of Rochester. This report was organized by topic area. For each topic area, a data table is provided that contains the question number from the survey, the proportion of students who reported the risk or asset rounded to the nearest whole number, along with the 95% confidence interval (LCL- lower confidence level and UCL- upper confidence level). Changes in rates overtime were identified when there was a statistically significant trend between 2007 and 2019. It should be noted that surveys were completed in 2007, 2009, 2011, 2015, 2017 and 2019. The survey was not conducted in 2013. Questions were noted with an asterisk (*) when trend data were not analyzed because the question was not included in three consecutive surveys. Data were also analyzed to identify differences by gender, and by race and Latino origin. Differences were noted to be statistically significant if the p value for the z test was less

than .05 (www2.monroecounty.gov, 2019). Local survey results assess the health risks of public high school students in Monroe County. Schools, service providers, and health planners use these data as a base on which to develop interventions to reduce behaviors contributing to disease, injury, and premature death in the young adult population (www2.monroecounty.gov, 2019).

Data Collection Procedures and Strategy

I acted as the primary data collecting instrument for this study. Due to the COVID-19 restrictions, data were collected from interviews conducted through email from designated intervention and prevention programs at various sites in Monroe County, New York to facilitate this qualitative case study. Secondary data were collected due to COVID-19 outbreak. I interviewed program facilitators which included but not limited to executive director, program director, program operations director, director, supervisor, case manager and vice president. Moustakas (1994) suggests the researcher must first formulate the study's question; secure research participants, and develop topics, instructions, and questions to use during the interviews. Once completed, the qualitative interviews can be conducted. According to Creswell (2007) and Giorgi (1985), the first task of the researcher is to delve into the individual's life analyses (i.e., the conscious realization of perceived happenings in events), to understand the human phenomena as experienced, which further enriches this method. Thus, participants of the study must be intentionally selected. Once selected, the researcher must establish a rapport with the participants to help put them at ease with the researcher. In order to develop a rapport with each participant, the first ten to fifteen minutes of the interview session will be spent

discussing their thoughts and responses to the Zuckerman & Allison's FOSS (1976). As the researcher, this will allow the opportunity to move into the interview process in a non-threatening manner. I then shifted the interview and focus on gathering information from the program facilitators about the target population (Youth.gov, 2016) early life conditioning by asking to discuss their learned values, familial cultural and social conditioning; and the intimate thoughts and beliefs about past and current opportunities of success opportunities for adolescents between the ages of 13 to 16 years.

As the primary data collecting instrument, it was imperative that I acknowledged and set personal thoughts and possible biases aside. At the onset of data collection, Moustakas (1994) strongly encouraged the use the Epoche process in order to be prepared to view the collected data from a nonbiased state of mind. Moustakas (1994) suggested the researcher journal his or her personal thoughts before the data collection process begins. This technique may be effective in managing the researcher personal thoughts regarding the topic. The researcher must then support the study's topic and question. This can be achieved by focusing solely on the study's main points without being distracted by lesser points.

Creswell (2007, 2009) recommended a technique for recording data, whereby the qualitative researcher conducts semi structured interviews, which are audio-taped and transcribed. Due to the COVID-19 restrictions, data were collected from interviews conducted through email using semi structured, open-ended questions. Also, due to COVID-19 outbreak, secondary data were collected.

Observation is a critical instrument utilized in qualitative research that can be recorded (Janesick, 2011) by using a reflective journal as a data set in the dissertation process. Janesick (2011) pointed out that a reflective journal gives rise to innovative questions regarding the phenomena of interest, in addition to the role that society plays in general. Creswell (2007) supported this view by asserting that an observational protocol for qualitative research entails recording descriptive and reflective field notes regarding the phenomenon. In addition, Patton (2002) identified the importance of recording descriptive and reflective field notes as they take place, thus assuring accuracy during analysis.

Although the interviews were conducted through email, it was important to create a comfortable and peaceful environment in which the interviewee felt free to give their opinions and ideas regarding the subject being studied. Janesick (2011) proposed that the interviewer provide the interviewee an opportunity to add further discourse to the interview once the interview is completed (2011). Interviews conducted were recorded on tape and transcribed. Once the preliminary notes were gathered, the audio recordings were listened to for a second time to transcribe the participants' responses from the interviews verbatim into a written Microsoft Word document, and to ensure accuracy for organizing the data into broader themes, issues, and topics at a later date. To ensure greater accuracy, after the written transcriptions were completed, the audio recordings were listened to for a third time. Transcripts were read in their entirety and the I made notes and created an initial open coding system as part of the analysis.

Secondary data were collected from the Monroe County YRBS conducted in the public high schools during the 2018- 2019 school year. In total 3,280 students participated in the survey out of an enrollment of 7,561. Local survey results assess the health risks of public high school students in Monroe County. Schools, service providers, and health planners use these data as a base on which to develop interventions to reduce behaviors contributing to disease, injury, and premature death in the young adult population.

Data Analysis Procedures

Bogdan & Biklen (1982) described qualitative data analysis as “working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others” (p. 145). According to Maxwell (2005), data analysis assists researchers in working with large amounts of information, while systematically identifying characteristics such as: the regularities of used keywords by finding the more important structures in the information. This documented information was grouped according to the theorized framework, in order to offer a more meaningful analysis of the data. A data analysis plan is a roadmap for how the researcher will organize and analyze their survey data. Qualitative data analysis is the process in which the raw data collected as part of the research study is used to provide explanations, understanding and interpretation of the phenomena, people and situations which are being studied.

Data analysis involves a process in which researchers embrace several components to examine data, which include meticulous preparation, comprehension, and

developing an interpretation based on rich information from participants and data garnered throughout the study (Creswell, 2009). The intent of this research is to gather data regarding the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. According to Creswell (2007), all research is facilitated by establishing a problem, then studying literature on the phenomenon of interest by collecting data to analyze and writing reports. The phenomenological approach was utilized as a guide to facilitate content analysis of raw data and interviews during the research process. Maxwell (2005) and Patton (2002) pointed out that qualitative research depends on the meticulous data analysis of voluminous raw data. Therefore, data analysis was a continuous process from the start of the research activity.

Coding is a significant part of developing and improving interpretations in the researcher's interview, focus group or observational data. Coding is the process of analyzing the data that moves data from diffuse and messy text to organized ideas about what is going on (Portney & Watkins, 2009). Coding focuses on identifying; naming, categorizing and clarifying the phenomena found in a text and can be accomplished through either a very formal and systematic approach or in a more informal way (Strauss & Corbin, 2007). Miles and Huberman (1994) pointed out the utility of reflective and marginal remark coding, in addition to pattern coding as a method of early analysis. In essence, qualitative data analysis is prudently identifying common themes, patterns, and categories, in addition to the individual perceptions of people interviewed (Patton, 2002).

I kept this in mind when inductively identifying statements that were associated with the fundamental theme throughout the study. Inductive reasoning was conducted by focusing on specific observations and measures, formulating some tentative hypotheses that could be explored, and developing some general conclusions or theories (Trochim, & Donnelly, 2008). Open Coding is utilized to analyze qualitative data. Open coding is accomplished by separating the interview data into words, phrases, sentences, or paragraphs that will emphasize the functional relation between parts and the whole of the entire responses from the interview.

The benefit of coding in this research was that as the reader, I would be able to easily distinguish each topic and read first-hand accounts (quotes, stories) from the participants that illustrated their experience with each topic. After the coding was completed an analysis of the written data, which was based on participants' own words, were conducted. This included labelling descriptions and themes recognized in the participants' concepts and beliefs in reference to a question, as well as my explanation of these concepts and beliefs. I created another electronic file folder, which consisted of separate documents that detailed the core themes of each interview. The core themes were studied to look for commonalities, which I then grouped together in a second document to identify more specific themes.

Threats to Validity

The objective of qualitative research is to present a perspective of the issues and offer reports that reveal the researcher's capacity to describe the phenomena of interest. Qualitative research is based on subjective, interpretive and contextual data thus making

the findings more likely to be scrutinized and questioned. It was critical that I took the necessary steps to ensure the validity of my research findings. Validity remains appropriate concepts for accomplishing accuracy in qualitative research because the findings are most likely believable, consistent, applicable, credible and useful to readers and other researchers. According to Creswell (2008), validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher and the participant.

Key components to the validity of data in qualitative research are credibility, trustworthiness and can be defended when challenged. Creswell (2007, 2009) identified several qualitative validity strategies that encompass peer review and debriefing that keep the researcher honest. Creswell also identified that researchers identify their biases in the outset of the study, in addition to member checking and external audits to ensure validity. Further Creswell (2007, 2009), Miles and Huberman (1994), and Patton (2002) identified the utility of data triangulation strategies in providing validity in qualitative research. Creswell (2007) recommended that qualitative researchers embrace a minimum of two of these strategies while conducting research. Most importantly, however, Creswell noted that triangulation of data sources, writing detailed thick descriptions, and member checking are reasonable as well as time and cost-effective to facilitate. It is imperative that qualitative researchers incorporate strategies to enhance the credibility of a study during research design and implementation. To assure the consistency of the internal and external validity of the study the researcher will use: (a) triangulation strategies, (b) peer

review and debriefing, (c) research bias clarifying, (d) member checking, (e) writing thick and descriptive, and (f) using external audits.

Internal validity threats are experimental procedures, treatments, or experiences of the participants that threaten the researcher's ability to draw correct inferences from the data in an experiment (Creswell, 2008). Miles and Huberman (1994) suggested that internal validity, credibility, and authenticity is realized when (a) research appears reasonably vicarious to readers (b) triangulation of data sources produce comparable conclusions, (c) data is connected to emerging theory, and (d) "Were the conclusions considered to be accurate by original informant?" (p. 279). On the other hand, Miles and Huberman suggested external validity, transferability, and fittingness is realized when researchers (a) use information-rich thick description for readers, (b) findings are consistent with experiences of participants, (c) the study supports further testing, and (d) the study is easily replicated.

In qualitative research, authenticity is a key attribute. Authenticity refers to the presentation of a balanced view of all perspectives, values, and beliefs (The Leadership Quarterly, 2005). It was imperative that I incorporated steps to ensure creditability and authenticity when addressing any threats of the research study. Tellis (2010) argued the researcher must avoid becoming dependent on a single informant and must seek the same data from other sources to verify its authenticity. I made every attempt in this qualitative cased study to examine each interview thoroughly and gave a fair and honest interpretation. The authenticity of the study was implemented by using program facilitator participants—the case study's unit of analysis.

Since it is impossible to know another's mind and whether a participant is truly honest in survey answers, theory suggests that participants have the capacity to answer truthfully. For more than two decades, the YRBS has been analyzing adolescents risk-taking behaviors and has been repeatedly tested and retested along with offering new questions relating to changing social habits. It is possible to have threats to construct validity, however, if a certain population of participants has chosen to be dishonest.

Reliability

Most qualitative research studies seek to study a specific issue or phenomenon in a certain population or ethnic group. The core of reliability for qualitative research lies with consistency. Confirming the findings in qualitative research can be challenging because it is difficult to ensure objectivity. It was critical that I took the necessary steps to help ensure the findings are the result of experiences and ideas of the informants, and that evaluation findings were solid evidence. When a qualitative research study is reliable, it may allow me to clearly comprehend a confusing situation. Shank (2006) indicated that reliability is accuracy in measurement. Shank (2006) and Rajendran (2009) also identified the following key values in the researcher: honesty in presenting the findings, conscientiousness when it comes to avoiding researcher bias and openness and clarify when presenting the phenomenological study results. To ensure that a study promotes all these values, Shank recommended the rotation of sources to synchronize the researcher's insights.

One of the major concerns of the study were to maintain its reliability and trustworthiness throughout the research. Fink (2008) suggested that "A reliable measure

is reproducible and precise: Each time it is used it produces the same value” (p. 188). Facilitating reliability in qualitative research can be demanding because of the underlying concerns associated with its consistency (Miles & Huberman, 1994). Several relevant strategies were identified in describing the reliability, dependability, and audibility of qualitative research. It was suggested that a researcher: (a) use clear research questions, (b) researcher’s role be explicitly described, (c) findings be meaningful paralleling data sources, (d) reliability is connected to theory, (e) data is broadly collected, (f) perform data checks, and (g) use peer review (Miles & Huberman, 1994, p. 278). If the credibility, transferability, and confirmability aspects of the research are considered, qualitative research should be reliable and dependable. Data from the Monroe County YRBS were based on self-report. Students may have under-reported illegal behavior such as, alcohol and/or drug use. It is not clear how the results were affected by the fact that two suburban school districts did not participate. Results published in the 2019 Monroe County YRBS report was based on responses to each individual question and did not include internal reliability checks.

Feasibility and Appropriateness of the Study

This qualitative case study analyzing the social phenomena associated with intervention and prevention and its effectiveness in curbing youth risk-taking behavior and juvenile delinquency is appropriate and feasible because it because it took existing literature and looked at it from a new perspective. The research was cost effective. As mentioned earlier in Chapter 3, the use of qualitative case studies were considered appropriate for this study because the phenomena study can be used to derive themes

from interviews. This allowed the research to be a low cost because of the interview approach and my availability to drive to each interview within a short time frame (in particularly, 5 hours or less). I incurred a cost of no more than \$350 to conduct the research and to assimilate and produce the data information. The total cost includes the fee for additional software.

The case study was accomplished by studying two intervention and prevention programs at various sites. The use of the case studies also allowed me to use the information collected through the interviews to expand on the themes generated through content analysis. The case study method offered significant potential for embracing the my capability to study the social phenomena associated with intervention and prevention. It provided me the opportunity to study the effects of intervention and prevention programming within a bounded system.

Informed Consent and Ethical Considerations

In a qualitative case study, the researcher analyzes a specific phenomena and its real-life setting. Humans are the primary reason for engaging in phenomenological study research, therefore, the researcher must exercise discretion (Yin, 2009). A researcher who chooses to collect data related to that phenomenon from any individual, must maintain a very high ethical standard. The relationship established between the researchers and participants in qualitative studies can raise ethical concerns as well as ethically challenging. The reason for this is that researchers and participants are personally involved in every stage of the study. Ethical guidelines are essential in a qualitative case study due to the dilemma's researcher's face such as, respect for privacy, establishment

of honest and open interactions, and avoiding misrepresentations. Anonymity, confidentiality, informed consent and researchers' potential impact on the participants are specific ethical guidelines essential in a qualitative case study. Informed consent naturally requires ongoing negotiation of the terms of agreement as the study progresses. Researchers consider it necessary to participate in research that their peers, community and/or society may benefit from.

I conducted in accordance with Walden University's Internal Review Board. In compliance with the research mandate, I made every attempt to conduct both an ethically and morally sound research study. I also ensured the participants were not harmed. A qualitative case study design was utilized to collect data from two intervention and prevention program facilitators. Interviews were conducted with care and sensitivity. Researchers are liable for informed consent and ethical considerations if there are any human participants (e.g., experiments or interviews).

Summary

Chapter 3 irradiated the research design and the rationale for its use, in addition to my role as the researcher in facilitating this study. Also included in Chapter 3 was a discussion on the methodology chosen to explore the possibilities of whether there was a correlation between the discontinuation of intervention and prevention programs and youth risk-taking behavior and delinquency in this qualitative case study, which followed a phenomenological design. Specifically, it irradiated the instrumentation, procedures for data collection and data analysis, as well as the coding procedure. Due to the COVID-19 outbreak, CDC implemented restrictions to help prevent the spread of the virus. The

restrictions put forth included, social distancing, community activities restrictions, wearing face masks as a result, I was restricted from conducting face-to-face interviews with the participants. Due to the COVID-19 restrictions, data were collected from interviews conducted through email using semi structured, open-ended questions. Also, due to COVID-19 outbreak, secondary data were collected. This study used secondary data from the CDC-YRBS. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. Lastly, the chapter featured discussion of issues of trustworthiness with the reliability and validity of the study. The following chapter presents a representation of the results for the study.

Chapter 4: Results

The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting a face-to-face interview with the participants. This chapter presents the data collected from interviews conducted through email due to COVID-19 restrictions. I used open-ended questions to collect data from two intervention and prevention program facilitators of youth organizations. Also, due to the COVID-19 outbreak, secondary data were collected from the YRBS. Since the early 1990s when the CDC developed the YRBS, studies have been published looking at either combining risks (e.g., effect of alcohol on poor sexual outcomes or relationship between alcohol and truancy) or identifying mediating effects such as increases in physical activity. YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. The YRBS, designed and validated by the CDC, has been conducted nationally and in several states and localities since 1990. The goals of the survey are (a) to assess health risk behaviors among high school students, (b) to monitor changes in these behaviors over time, and (c) to broadly evaluate the impact of preventive programs. The highlights of the 2019 Monroe County YRBS included adverse childhood experiences (ACEs/Trauma), violence/bullying, social media-bullying and safety issues,

mental health, tobacco/e-cigarettes, alcohol use, marijuana use, use of other drugs, distracted driving/driving under the influence, sexual risks, physical activity, sleeping habits and assets. CDC-YRBS survey is meant to be read and understood by adolescents and has a short time frame for its completion (Brenner et al., 2004; Brenner et al., 2013). A qualitative data analysis was also employed to survey the literature of the study and the process of thematization was highlighted to identify the emerging knowledge, perceptions, and experiences of the participants regarding the effectiveness of intervention and/or prevention programs. The qualitative data analysis employed was a content analysis to identify meanings or themes from large amounts of text. Six intervention and/or prevention programs from various sites such as Botvin's Life Skills (Prevention Education Services), Pathways to Peace, Action for a Better Community – Youth Advocacy and Intervention Program, Teen Empowerment, Afterschool Academy, and Compeer Rochester's Youth Program were invited to participate in the study. However, due to the COVID-19 pandemic, most of the intervention and/or prevention programs did not take part in the study. Interviews were done for valid and reliable outcomes to emerge to improve understanding of the utilization and general effects of the intervention and/or prevention on adolescents between the ages of 13 and 16. All data collected were focused to address the following research questions:

RQ1: To what extent do youth programs in New York's Monroe County utilize techniques consistent with Chapman's model of delinquency intervention, and how effective are they?

RQ2: What are the possible effects of possible discontinuation of specified programs?

Participants

The participants were experts on the intervention and/or prevention programs and had years of experience on the issue. Participants were required to have the knowledge of the state of the intervention, prevention programs, and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. Overall, there were two out of six facilitators who participated in this study. Both participants were from different intervention and/or prevention programs with varied work experience, job titles, and responsibilities. In addition, the intervention and/or preventions programs provide services that address at-risk youths in specific issues.

Data Collection

My initial contact with respondents was via telephone. The explanation given to potential participants was that the study was focused on improving the understanding of the impact intervention and/or prevention programs have on curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. My subsequent contact with potential participants was via direct email. I sent the research consent form explaining the procedures of the study, the time commitment, the interview method, the confidentiality agreement, and the data collection and verification process. Six intervention and/or prevention programs from various sites such as Botvin's Life Skills (Prevention Education Services), Pathways to

Peace, Action for a Better Community – Youth Advocacy and Intervention Program, Teen Empowerment, Afterschool Academy, and Compeer Rochester’s Youth Program were invited to participate in the study. Due to the COVID-19 outbreak, I was restricted from conducting face-to-face interviews. As a result, interviews were conducted via email. The revised informed consent form reflected the new interview method due to COVID-19 restrictions. Due to the COVID-19 pandemic, most of the intervention and/or prevention programs did not take part in the study. Once participants signed and returned the consent form, the completed forms were sent to the IRB for review and approval. Once approved, the letter of cooperation was sent via direct email. Once the participants signed and returned the letter of cooperation and were approved by the IRB, the interviews were conducted via email. I used open-ended questions to collect data from two intervention and prevention program facilitators of youth organizations. I saved the surveys to a designated electronic data collection folder for later review and analysis. Also, due to COVID-19 outbreak, secondary data were collected from the Monroe County and RCSD CDC-YRBS during the 2018–2019 school year. In 2019, the survey was administered in the RCSD using a confidential computer-based platform. Students voluntarily participated in the survey. In total 3,280 students participated in the survey out of an enrollment of 7,561.

Data Analysis

For the data analysis of this case study, I employed a qualitative content analysis. Bogdan & Biklen (1982) described qualitative data analysis as “working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns,

discovering what is important and what is to be learned, and deciding what you will tell others” (p. 145). According to Maxwell (2005), data analysis assists researchers in working with large amounts of information, while systematically identifying characteristics such as: the regularities of used keywords by finding the more important structures in the information. This documented information was grouped according to the theorized framework, to offer a more meaningful analysis of the data. In this study, I adhered to Creswell’s (1998, 2007) phenomenological perspective regarding the process of data analysis and representation, data management, reading, forming notes, deciphering, and categorizing. The raw data provided the groundwork for a reflective structural analysis that embodies the essence of a participant’s experience. Data from the e-mail correspondence, and in-depth interviews were organized by participants’ identifiers and put into electronic file folders identifying participants by numeric coding. After interviews were completed, I transcribed each recorded interview in its entirety to a formatted Word document, which also provided space for my assessments, personal thoughts, reflections, general impression, and other comments. I listened to the audio recordings a second time. This also allowed me to listen intently to the nuances of the participants’ responses in order to note reflections, general impression, and other comments of each interview. According to Zipf’s Law (1949), every communication will divulge its key concerns or message by the words or phrases most frequently used. In other words, I then employed Miles and Huberman’s (1994) qualitative content analysis, which is a three-step process or tagged as the “three flows of activity” (Hutchins, 2008). I then converted all the transcripts into a single PDF document, which allowed me to create

an initial open coding system as part of the analysis. According to Strauss and Corbin (2007), coding involves distinguishing; labeling, categorizing, and describing phenomena found in a text; and can be done informally or very formally and systematically. I initially used the informal method of open coding. I read each sentence and paragraph for the purpose of repeatedly asking and answering the question, “What is this concerning” or “What is being alluded to here?” as it related to Cohen’s 9 fear of success factors and the two research questions. I analyzed the written data, which included identifying themes of the participants’ beliefs and concepts derived from their own words, as well as my interpretation of these concepts and beliefs.

Presentation of Findings

The presentation of findings section discusses a wide collection of knowledge, perceptions, and experiences of the participants with great involvement on intervention and/or prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. The case study established two themes from the responses of the participants which can all be considered as main sources of data, as they were directly gathered and interpreted from those who experienced the issue firsthand. These themes are all central to the two research questions presented in the earlier parts of the paper. Figure 5 represents the research questions and their developed themes according to the responses of the participants. I was able to establish the themes per research question by acquiring the ones that were most relevant to the research study—with the highest responses from the two participants—the ones with the highest or most common responses are tagged as

themes. Overall, there were two main themes developed as per the two research questions.

Figure 5

Research Questions and Themes

RQ1

To what extent do youth programs in New York's Monroe County utilize techniques consistent with Chapman's model of delinquency intervention, and how effective are they?

- **Theme 1:** "Prevention is the best solution to addressing these issues and the most under-funded. When available, proactive approaches like mentoring and peer support have a direct impact on a child's sense of self-worth. The presence of a caring adult outside of immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets".

RQ2

What are the possible effects of possible discontinuation of specified programs?

- **Theme 2:** "Anecdotally, we know some of our previous youth participants could not find other mentoring programs because of eligibility reasons".

For the first theme which is how the intervention, prevention programs for adolescents between the ages of 13 to 16 curb youth risk-taking behavior and juvenile delinquency, it emerged from the responses that: (a) "Prevention is the best solution to addressing these issues and the most under-funded. When available, proactive approaches like mentoring and peer support have a direct impact on a child's sense of self-worth. The presence of a caring adult outside of immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets."

Research conducted by the National Mentoring Partnership reveals that students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class. Youths who meet regularly with their mentors are 46% less likely than their peers to start using illegal drugs and 27% less likely to start drinking. 76% of at-risk young adults who had a mentor aspire to enroll in a graduate from college versus half of at-risk young adults who had no mentor. They are also likely to be enrolled in college. Mentoring reduces “depressive symptoms” and increases “social acceptance, academic attitudes, and grades.”

For the second theme which is theoretically based empirical assessment of the discontinuation of intervention and/or prevention programs for adolescents between the ages of 13 to 16, emerged from the responses that: (b) “Anecdotally, we know some of our previous youth participants could not find other mentoring programs because of eligibility reasons”. Also included in this section are the original and verbatim texts from the interviews to support the clustered themes gathered from the responses of the two participants.

Theme 1

The first thematic label that surfaced from the first research question of the case study, which is how intervention and/or prevention programs for adolescents between the ages of 13 to 16 curb youth risk-taking behavior and juvenile delinquency, was that “Prevention is the best solution to addressing these issues and the most under-funded. When available, proactive approaches like mentoring and peer support have a direct impact on a child’s sense of self-worth. The presence of a caring adult outside of

immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets.”

Overall, the theme: “Prevention is the best solution to addressing these issues and the most under-funded. When available, proactive approaches like mentoring and peer support have a direct impact on a child’s sense of self-worth. The presence of a caring adult outside of immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets,” which I considered to be one of the most vital findings of the study together with one other main theme, emerged from one, out of two of the interviewed respondents.

Theme 2

Participant # 2 emphasized the importance of how a program/service is delivered instilling the value of taking a positive approach that will build a strong connection with at-risk youths and as a result help rebuild their lives:

I believe how a program/service is delivered is as important as the program itself. We find that many of the youths we serve have been let down by parents, schools, and the systems that are supposed to care for them (foster care, mental health, etc.). These youths find themselves blamed for their homelessness and even their own victimization. For instance, we know a young person on their own is more likely to be a victim of a crime than the perpetrator of one but are still treated by adults as “delinquents.”

Our goals are to always approach youths with positive regard so that we may build a stronger connection which greatly increases the likelihood the youth will reach their own goals and move forward in a positive direction in their lives.

Participant #1 emphasized that intervention and/or prevention programs for at-risk youths can reduce the chance of recidivism and involvement in juvenile justice system as they are given the chance to truly rehabilitate and change for the better as opposed to the traditional setting wherein, they are subjected and punished without the children completely understanding what they did wrong or what their mistakes were in the first place:

Our programs were created decades ago and have grown and adapted in line with mentoring research. One of our programs is a Family Peer Support model in which parent advocates assist the parents and caretakers of the youth in our program. I have personally overseen these programs for several years at Compeer and ensure they are safe, effective, and given peer voice. We implement our programs 365 days a year in community-based settings. Our programs aim to increase self-esteem, civic engagement, and reduce risk-taking behaviors and involvement with higher levels of care and incarceration.

Participant # 2 emphasized that another effect that intervention and/or prevention programs provide at-risk youths in order to reduce the chances of them into going back to their old lives was the direct involvement in the process of changing themselves and rebuilding their lives in order to understand the situation better:

My experience is specifically working with runaway and homeless youths (RHY) for over 25 years. Stabilizing a young person's housing and reconnecting them to healthy and safe adults is significant intervention, as well as prevention, work when it comes to reducing juvenile justice involvement. There has been much research and study into how homelessness and family rejection affect the trajectory for youths, including increased involvement in commercial sexual exploitation, as well as being forced into criminal activities. In many states running away or missing school results in a youth being charged for a statutory crime and pushed into the juvenile justice system – even when the youth have little control over the situation.

Participant # 2 also shared:

All of the center's programs are intervention programs in that they increase resiliency and safety protective factors for youths through housing, education, employment, and emotional well-being supports.

Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting a face-to-face interview with the participants. Due to the COVID-19 restrictions, data was collected from interviews conducted through email using semi structured, open-ended questions. Also, due to the COVID-19 outbreak, secondary data were collected from the YRBS. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. In 2019, the survey was

administered in the RCSD using a confidential computer-based platform. Students voluntarily participated in the survey. In total 3,280 students participated in the survey out of an enrollment of 7,561.

Findings and the Relevant Literature

The findings that emerged in the analysis section of the study correlate to the relevant literature identified and presented in Chapter 2. Guided by Chapman's theory that there is a connection between modern theories of deviance and programs of juvenile delinquency intervention it is possible for youths to model and learn positive behavior patterns through intervention and preventions programs. Chapman study then clearly support the results, specifically Theme # 1 wherein it was found that:

“Prevention is the best solution to addressing these issues and the most under-funded. When available, proactive approaches like mentoring and peer support have a direct impact on a child's sense of self-worth. The presence of a caring adult outside of immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets.”

Through mentoring, young people can develop meaningful connections that impact their lives at home, at school, at work, and in their communities. In order for youths to develop into thriving and productive adults, they need supportive relationships. Mentoring reassures adolescents that someone cares about them, assures youth they are not alone in their day-to-day struggles, and makes them feel important. Lastly, mentoring provides an opportunity for a mentor to build leadership and management

skills, expand their professional network, and improve a child's academic, social, and economic prospects.

Research shows that mentors play a powerful role in providing young people with tools to strive and succeed, to attend and engage in school, and to reduce or avoid risky behavior like drug use (BBSSWCT.org). Table 2 show the impact mentoring have on young people according to Big Brother Big Sister of Southwestern Connecticut:

Table 2

Impact Mentoring Has on Young People According to Big Brother Big Sister of Southwestern Connecticut

Impact	Percentage
More likely to be enrolled in or actively planning for college	55%
More likely to volunteer regularly in their communities	78%
More likely to report participating regularly in sports or extracurricular activities	81%
More than twice as likely to say they held a leadership position in a club or sports team	

Table 3*Impact Mentoring Has on Young People According to MENTOR*

Impact	Percentage
Less likely than their peers to skip a day of school	55%
More likely to volunteer regularly	78%
Interested in becoming a mentor	90%
More likely to hold leadership positions	130%

Note. Adapted from MENTOR, 2021, <https://www.mentoring.org>

Prevention programs target youth in efforts to prevent smoking, drug use, and teen pregnancy. At-risk youths are targeted “for a particular outcome, such as delinquency or violence, a group that might include those in disadvantaged neighborhoods, those struggling in school, or those exposed to violence at home” (Greenwood, 2008, p. 196). Chapman (2007) proposed that theoretically based empirical assessment of intervention programs designed to reduce delinquency will enhance understanding of the causes of delinquency and how it can be effectively addressed. This infer to another theme established in the study, which was that: “Anecdotally, we know some of our previous youth participants could not find other mentoring programs because of eligibility reasons.” In dealing with youth risk-taking behavior and juvenile delinquency, effective solutions have proven difficult (OJJDP, 2003; OJJDP, 2003; Youth.gov, 2016). An effective/successful intervention and/or prevention program is then one in which staff are trained on screening and assessment process and is knowledgeable of the resources available in the community to issues identified with youth risk-taking behavior and juvenile delinquency. New York’s Delinquency Prevention Program

development focuses on the risk and protective factors shown to be related to juvenile delinquency (Division of Criminal Justice Services, n.d.). This approach helps communities first identify the risk factors that contribute to their delinquency problems. Risk factors includes drug use in the home and the community; long-term unemployment in their areas; poor academic achievement; truancy; lack of positive peer influence; lack of school or community involvement; and high levels of community or family violence (Division of Criminal Justice Services, n.d.). In assessing risk, communities consider a range of family, peer, school, and community factors that foster delinquency. Once risk factors are identified, the community increases the protective factors that can prevent or reduce delinquent behaviors. Methods to promote protective factors may include the use of mentoring programs, organized family activities, community volunteer opportunities, and academic tutoring. Protective factors can increase a child's own resiliency to risk. They also can enhance the living environment by fostering positive social interaction, encouraging strong bonding within the family, and creating attachments within the community.

Overall, the themes explained can be condensed into the conclusion of Chapman's (2007) research study. Chapman's theory addresses the effectiveness of intervention and preventative programs, as a result of this, it was used to evaluate the potential of delinquency intervention programs to reduce recidivism in hopes of improving outcomes for young offenders (Brasher, 2013).

Results

The YRBS, designed and validated by the CDC (CDC), has been conducted nationally and in several states and localities since 1990. During the 2018–2019 school year, the MCDPH conducted the YRBS in public high schools for the 13th time since 1992. Two suburban school districts opted out of the survey this year, so MCDPH over-sampled in the remaining suburban districts. A random sample of public high school students was developed with a projected 5% margin of error and an 80% response rate. A total of 1828 surveys were selected for the sample. All surveys were administered through an online platform.

Demographic Characteristics of Respondents

The demographic characteristics from Monroe County and RCSD YRBS 2019 are shown in the following tables:

Table 4

Gender Characteristics of Respondents

Gender	Number	Percentage
Female	915	50%
Male	866	48%
Other	41	2%
Total	1,822	
Did not answer	6	

Note. Adapted from Monroe County Youth Risk Behavior Survey, 2019,

<https://www2.monroecounty.gov/files/health>

Table 5*Age Characteristics of Respondents*

Age	Number	Percentage
13 or younger	15	1%
14	267	15%
15	478	26%
16	469	26%
17	406	22%
18	188	10%
Total	1,822	
Did not answer	5	

Note. Adapted from Monroe County Youth Risk Behavior Survey, 2019,

<https://www2.monroecounty.gov/files/health>

Table 6*Race Characteristics of Respondents*

Stub heading	Column A	Column B
Latino	281	15%
White, not Latino	1,002	55%
Black, not Latino	303	17%
Other races, multiple races, not Latino	233	13%
Total	1,819	
Unknown	9	

Note. Adapted from Monroe County Youth Risk Behavior Survey, 2019,

<https://www2.monroecounty.gov/files/health>

During the 2019 survey time, the Monroe County YRBS included female and 866 (48%) male students on the days of the survey. In Table 6, race and ethnicity are broken down into Latino, Black, White, other, and unknown. During the 2018–2019 survey time, 1002 students (55%) responded as White, 303 students (17%) responded as Black, 281 students (15%) responded as Latino, and 233 students (13%) responded as Other/Multiple, which excluded Latino and 9 students responded Unknown. During the survey time, the number of students ranging from 13 and 16 totaled 1, 229.

Adverse Childhood Experiences (Trauma)

Students were asked a series of 11 questions about potentially traumatic experiences during their life. Research has demonstrated that experiencing adverse events before the age of 18, without intervention and support, increases the likelihood of engaging in risky behaviors, as well as increases the likelihood of poor mental and physical health outcomes in later years. The accumulation of multiple adverse childhood experiences (ACE) compounds these risks. 66% of students reported one or more adverse experiences and 24% reported three or more. Table 7, represents the total number of reported events for each student, and then calculated percentages by the number of experiences.

Table 7*Traumatic Life Events Reported by Students*

Number of events	Percentage of students
0	34%
1	27%
2	16%
3	11%
4–6	11%
7–11	2%
12 or more	66%

Note. Adapted from Monroe County Youth Risk Behavior Survey, 2019,

<https://www2.monroecounty.gov/files/health>

Violence/Bullying

Question 13 (Qx13) concerned whether students reported ever carrying a weapon. 13% of students reported that they carried a weapon in the past month. Question 17 (Qx17) concerned whether students engaged in physical fights. 20% of students reported engaging in a physical fight in the past year. Question 20 (Qx20) concerned whether students were ever bullied. 20% students reported being bullied on school property or on the way to and from school in the past 12 months. (Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student. It is not bullying when 2 students of about the same strength or power, argue, fight or tease each other in a friendly way.). Question 37 (Qx37) concerned whether students were forced to engage in violent acts, 10% students reported they were ever forced to do any of the following: have sexual intercourse, touch someone sexually, or be touched by someone sexually. Additionally, males were more likely than females to report engaging in violent related

behaviors. Males were also more likely than females to report they were threatened or injured on school property. Females were more likely to report bullying compared to males. Females were also more likely to report they were ever forced to do something sexual. Black and Latino students were more likely to report violent behaviors compared to White students.

Social Media Bullying and Safety Issues

Question 76 (Qx76) concerned whether students were bullied on social media. 17% of students reported that they were electronically bullied in the past 12 months (Another student teased, threatened, or spread rumors about you through texting, emails, YouTube, gaming systems, or social media websites like Facebook, Twitter, vine, yik yak, ask.fm, tumblr, Instagram, blogs, SnapChat, etc.). Females were more likely than males to report they were bullied electronically in the past year (20% vs. 13%). Sending or posting nude/semi-nude pictures was more common among females compared to males (19% vs. 14%). Males were more likely than females to report they gambled one or more times in the past year (17% vs. 5%).

Mental Health

Question 22 (Qx22) asked questions regarding mental health. 32% students reported that they felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing their usual activities, in the past year. Question 28 (Qx28) 38% students reported that they have serious difficulty concentrating, remembering, or making decisions because of mental, or emotional challenges. Females were more likely than males to report mental health problems and suicidal behavior. White and Latino

students were more likely to report having difficulties due to emotional challenges. Black and Latino students were more likely than White students to report they attempted suicide in the past year. The proportion of students who reported feeling sad/hopeless every day for at least two weeks in a row, showed an overall increase from 21% in 2007 to 32% in 2019. There was also an increase in the proportion who reported they considered suicide in the past year, from 12% to 14%.

Tobacco and E-Cigarette Use

Question 43 (Qx43) asked students about tobacco use. 15% students reported that they tried smoking cigarettes, even one or two puffs in question. According to question 40 (Qx40), 13% tried cigarette smoking, even one or two puffs, before age 13. Question 43 (Qx43) asked if students ever used an e-cig or vape product. 35% students reported that they used an e-cig or vape product. Males were more likely than females to report cigar smoking and early initiation of vape. Black students were more likely than White and Latino students to report they smoked cigarettes, cigars, or Black & Milds. White and Latino students were more likely than African American students to use vape products. When asked to select the one main reason they now use e-cigarettes or vape products. 21% students said to get a nicotine buzz.

Alcohol Use

Question 47 (Qx47) concerned whether students ever drank alcohol. 42% students reported that they drank one or more drinks of alcohol in their lifetime (not including for religious purposes). According to question 47 (Qx47) 11% students reported that they had their first drink of alcohol before age 13, other than a few sips. Females were more

likely than males to report ever drinking one or more drinks of alcohol (44% vs. 39%). According to Question 48 (Qx48) 21% students reported that they had at least one drink of alcohol in the past month. The use of alcohol increased with grade level. It should be noted that in 2019 these results were based on the question “How old were you when you had your first drink of alcohol?” Question changed in 2019, trend data not available. In 2017 defined binge drinking as 4 drinks for males, 5 drinks for females. Table 8, shows how students reported that they usually got their alcohol, among those who drank in the past month.

Table 8*How Students Obtained Alcohol*

Method	Percentage
A friend gave it to me	24%
A family member gave it to me	22%
I took it from my home, garage, porch, or deck	19%
I gave someone else money to buy it for me	13%
I got it some other way	12%
I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station	4%
I took it from another person's home, garage, porch, or deck	3%
I stole it	3%
I bought it at a restaurant, bar, club, or a public event such as a concert or sporting event	1%

Note. Adapted from Monroe County Youth Risk Behavior Survey, 2019,

<https://www2.monroecounty.gov/files/health>

Marijuana Use

Question 51 (Qx51) concerned whether students used marijuana. 30% students reported that they used marijuana. 5% students reported that they used marijuana before age 13. The proportions of students who reported they ever used marijuana and they used marijuana before age 13 declined slightly between 2007 and 2019. Reported marijuana use in the past month however, remained stable. There were no differences in reported marijuana use by gender. Marijuana use increased with grade level. Table 9 shows how

marijuana was used by those who reported using it in the past month. Of note, more than half reported vaping it. Of students who used marijuana, White students (71%) and Latino students (45%) were more likely than Black students (23%) to report that they vaped it.

Table 9

How Marijuana Was Used in the Past Month

Method	Percentage
Smoked it	75%
Ate it in food	26%
Vaporized it	53%
Drank it in tea, cola, etc.	4%
Used in in some other way	6%

* Trend data not available as there were changes in the description of vaporizing. – included “cartis, cartridges, wax, hash oils, Dabs, THC drops.” Students were allowed to select more than one response. Adapted from Monroe County Youth Risk Behavior Survey, 2019, <https://www2.monroecounty.gov/files/health>

Use of Other Drugs

Question 54 (Qx54) concerned whether students used synthetic drugs. 3% students reported that they used any synthetic drugs (for example K2, Spice, or fake weed). 3% students reported ever using cocaine in question 55 (Qx55). In question 56 (Qx56) 3% students reported ever using heroin. 3% students reported ever using ecstasy in question 57 (Qx57). Question 60 (Qx60) concerned whether students took prescription medicines. 8% students reported they took prescription medicines not prescribed by their doctor or took them differently than their doctor’s directions – Stimulant medicine

(examples, Adderall, Ritalin, and other ADHD medicine) * 14% students reported they took prescription medicines not prescribed by their doctor or took them differently than their doctor's directions—Pain, Sedative and/or Stimulant medicine. Males were more likely than females to use certain drugs. Black and Latino students were more likely to report using a needle to inject drugs compared to White students (5%, 3% and 1% respectively). Reported use of synthetic drugs, ecstasy, and over the counter drugs to get high, declined between 2007 and 2019. It should be noted that question changed in 2017 to “ever” using from using in the past month. 2 New questions in 2019. Separated out pain, sedative, and stimulant medicine and added additional examples. In previous years, question about all types was asked in one question –“During your life, how many times have you taken any drug or pill to get high that was prescribed for someone else? (Examples include OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax, etc.).

Distracted Driving and Driving Under the Influence

Question 8 (QX8) concerned whether students riding and/or driving under the influence. 15% students reported to have rode in a car with a driver who had been drinking alcohol in the past month. 16% students reported that in the past month, they rode in a car with a driver who had been using marijuana, pills or other drugs in question 10 (Qx10). Question 11 (Qx11) concerned whether students drove under the influence. 14% students reported that they drove a car when they had been using marijuana, pills, or other drugs—only those who drove a car in the past month. Question 12 (Qx12) concerned whether students were distracted while driving. 30% students reported to have texted,

used social media, scrolled the internet, or emailed while driving a car or other vehicle - of those who drove in the past month. Males were more likely than females to report driving after using substances. Risky driving behaviors increased with grade level. The proportion of students who reported they rode in a car with someone who had been drinking declined from 25% in 2007 to 15% in 2019. Reported drinking and driving declined from 10% in 2007 to 4% in 2019.

Sexual Risk Behaviors

Question 65 (Qx65) concerned whether students engaged in sexual intercourse. 31% students reported that they engaged in sexual intercourse. 4% students reported that they had sexual intercourse before age 13 in question 66 (Qx66). 31% students reported that they participated in oral sex in question 73 (Qx73). Males were more likely than females to report selected sexual risks. Sexual risks increased with grade level. Black and Latino male students were more likely to report sexual risks compared to White male students. There were not differences by race and Latino origin among female students.

Prevention of Pregnancy and STDs

Long-Acting Reversible Contraception (LARC), including IUDs (intrauterine devices) and contraceptive implants (Nexplanon), have high success rates (>99%) in preventing pregnancy. The American Congress of Obstetricians and Gynecologists recommends LARC be offered as first-line contraceptive options for all adolescents. Long-Acting Reversible Contraception LARC, however, does not offer protection against sexually transmitted diseases. The American Academy of Pediatricians recommends that health care providers encourage the consistent and correct use of both condoms and

reliable contraception as part of anticipatory guidance with adolescents who are sexually active or contemplating sexual activity in order to prevent pregnancies and STDs. Of sexually active youth: 47% of females reported their partner used a condom the last time they had sex. 61% of males reported they used a condom the last time they had sex. Only 6% of sexually active females reported that long-acting reversible contraception (an IUD or implant) and a condom were used the last time they had sex. Females were more likely than males to report their doctor discussed using an IUD, implant, pill, patch, ring, shot, and emergency contraception as pregnancy prevention methods. Males were more likely than females to report their health care provider discussed using a condom as a pregnancy prevention method. Sexually active males were more likely than sexually active females to report their doctor did not discuss any pregnancy prevention method with them.

Between 2015 and 2019, among all female and male students, there was an increase in those who reported that during their last checkup, their doctor or health care provider did not discuss ways to prevent pregnancy. There were declines in the proportion who reported their doctor discussed using condoms. The proportion of females that reported their doctor discussed an implant as a pregnancy prevention method increased from 7% to 11%. Among sexually active females, the proportion who reported that their doctor discussed an implant as a pregnancy prevention method increased from 14% to 22%.

Among sexually active males, the proportion who reported their health care provider did not discuss pregnancy prevention methods at their last checkup declined from 21% to 33%.

Physical Activity/Sedentary Behavior

Question 82 (Qx82) concerned whether students engaged in physical activities. 22% students reported they engaged in one hour or more of physical activity daily during the past seven days (current recommendation). 42% students reported that they engaged in one hour or more of physical activity daily during the past five days. 41% students reported on an average school day, spend 3 or more hours watching TV, Netflix, Hulu, or other video streaming websites in Question 83 (Qx83). On an average school day, spend 3 or more hours watching TV, Netflix, Hulu, or other video streaming websites. 42% students reported on an average school day, spend 3 or more hours playing video or computer games, or using a computer or smartphone for something that is not schoolwork in question 84 (Qx84). In question 83 (Qx83) and Questions 84 (Qx84), 72% students reported watching TV or video streaming sites, play video or computer games or use a computer/smartphone for something that is not schoolwork, for 3 or more hours on a typical school day (3 or more hours screen time). Additionally, 47% students reported watching TV or video streaming sites, play video or computer games or use a computer/smartphone for something that is not schoolwork, for 5 or more hours on a school day (5 or more hours screen time) in both question 83 (Qx83) and Questions 84 (Qx84). It should be noted questions changed slightly related to new technology and websites. Males were more likely to report they met the current recommendations for physical activity compared to females (28% compared to 16%). White students were more likely than Black and Latino students to report engaging in physical activity. Black and Latino students were more likely to report five or more hours of screen time on a

typical school day. There was an increase in the proportion of students reporting one hour of daily physical activity from 15% in 2007 to 22% in 2019. At the same time, there was a decline in the proportion who reported they did not get one hour of physical activity on any of the past seven days (from 26% to 18%). Time spent in front of a screen, doing non-school related activities increased between 2007 and 2019.

Sleeping Habits

Question 85 (Qx85) concerned with students sleeping habits. 28% students reported that they get 8 or more hours of sleep on an average school night. 45% students said they get 6 or less hours of sleep on an average school night in question 85 (Q85). Males were more likely than females to report getting eight or more hours of sleep (31% vs. 24%). Females were more likely than males to report getting six or less hours of sleep on a typical school night (49% vs. 40%). Reported hours of sleep per night has not changed significantly since 2011 when the question was first added to the survey.

Assets

Question 38 (Qx38) 83% students reported they agree or strongly agree with the statement “My family gives me help and support when I need it”. 85% students reported said agree or strongly agree with the statement “In my family there are clear rules about what I can and cannot do” in question 87 (Qx87). Question 88 (Qx88) 62% students said they agree or strongly agree with the statement “I get a lot of encouragement at my school.” 84% students said they know of one or more adults (other than their parents) they can go to and discuss important questions about their life in question 90 (Qx90). Lastly, in question 91 (Qx91), 55% students said they spend one or more hours per week

helping others without getting paid (volunteering; count such things as helping out at church/temple/mosque, a hospital, daycare center, food shelf, youth program, community service agency or doing other things to make your city/town a better place for people to live). Males were more likely than females to report they receive family support, matter in the community and receive a lot of encouragement in school. The proportion of students who reported they agree or strongly agree with the statement “In my family there are clear rules about what I can and cannot do” increased from 81% in 2007 to 85% in 2019.

Summary

Chapter 4 discussed and presented the data collected and findings from the two conducted interviews for the case study. Throughout the gathered interviews, I carefully studied and analyzed the knowledge, perceptions, and experiences of the participants with regard to how the utility of intervention and/or prevention programs aid in curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. Chapter 4 also logically presented the data gathering that I employed and followed, who the participants of the study were, the data analysis through the three-flow activity of (see Miles and Huberman, 1994), the clustered and thematized findings with proper descriptions to aid in understanding the results of the interviews, and the relevance of the findings to other literature. I then was able to develop two main themes all pertaining to the two research questions formed in the early stages of the study. The themes that emerged in particular were the following: (a) “Prevention is the best solution to addressing these issues and the most under-funded. When available,

proactive approaches like mentoring and peer support have a direct impact on a child's sense of self-worth. The presence of a caring adult outside of immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets" (b) "Anecdotally, we know some of our previous youth participants could not find other mentoring programs because of eligibility reasons."

This research, study collected secondary data from the Monroe County YRBS. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. The goals of the survey are (a) to assess health risk behaviors among high school students, (b) to monitor changes in these behaviors over time, and (c) to broadly evaluate the impact of preventive programs. The highlights of the 2019 Monroe County YRBS included adverse childhood experiences (ACEs/Trauma), violence/bullying, social media-bullying and safety issues, mental health, tobacco/e-cigarettes, alcohol use, marijuana use, use of other drugs, distracted driving/driving under the influence, sexual risks, physical activity, sleeping habits and assets. The findings developed all underpin the fact that indeed, intervention and/or prevention programs are essential to curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16.

Chapter 5 presents further the discussion of the results and the overall conclusions of the study. In Chapter 5, data will be interpreted and related to the review of literature addressing the gap, and to the theoretical foundations of this study. Limitations, recommendations, and implications for this study will also be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of the study was to examine the role of intervention and/or prevention in the reduction delinquent behavior of adolescents in Monroe County, New York. The body of knowledge on intervention and/or prevention was confined to the effectiveness of intervention and/or prevention programs in curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting face-to-face interviews with participants. This chapter presents the findings from interviews conducted through email due to COVID-19 restrictions. I used open-ended questions to collect data from two intervention and prevention program facilitators of youth organizations. Also, due to COVID-19 outbreak, secondary data were collected from the YRBS.

Since the early 1990s when the CDC developed the YRBS, studies have been published looking at either combining risks (e.g., effect of alcohol on poor sexual outcomes or relationship between alcohol and truancy) or identifying mediating effects such as increases in physical activity. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. The YRBS, designed and validated by the CDC, has been conducted nationally and in several states and localities since 1990. The goals of the survey are (a) to assess health risk behaviors among high school students, (b) to monitor changes in these behaviors over time, and (c)

to broadly evaluate the impact of preventive programs. The highlights of the 2019 Monroe County YRBS included adverse childhood experiences (ACEs/trauma), violence/bullying, social media-bullying and safety issues, mental health, tobacco/e-cigarettes, alcohol use, marijuana use, use of other drugs, distracted driving/driving under the influence, sexual risks, physical activity, sleeping habits and assets.

The CDC-YRBS survey is meant to be read and understood by adolescents and has a short time frame for its completion (Brenner et al., 2004; Brenner et al., 2013). Chapman (2007) focused on the connection between modern theories of deviance and juvenile delinquent intervention programs realizing the role of prevention programs in the process. Chapman's theory addresses the effectiveness of intervention and preventative programs. As a result, Chapman's theory was used to evaluate the potential of delinquency intervention programs to reduce recidivism in hopes of improving outcomes for young offenders (Brasher, 2013). Chapter 4 included the data collected and findings from the two interviews for the case study. In addition, Chapter 4 presented secondary data collected from the YRBS conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. The purpose of the research was validated by the claims of previous studies (Chapman, 2007) that intervention and/or prevention programs curb risk-taking and delinquent behavior.

The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. I used a qualitative method to study the effects of

intervention and/or prevention in curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. A qualitative case study approach was selected to ensure reliable data. This approach provides an opportunity for using purposeful sampling to study a bounded system/ case or multiple bounded systems/cases over time (Creswell, 2007; Patton, 2002). I used an intrinsic case study design, which focused on one specific case (see Creswell, 2007), which was risk-taking behavior and delinquency among adolescents in Monroe County, New York. Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting face-to-face interviews with participants. This chapter presents the findings from interviews conducted through email due to COVID-19 restrictions. I used open-ended questions to collect data from two intervention and prevention program facilitators of youth organizations.

Although this approach provided correspondence through email to help prevent the spread of the COVID-19, it resulted in a small data set. Two interviews were done for valid and reliable outcomes to emerge for a better understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. The data were analyzed for emerging themes. Findings described the effects of intervention and/or prevention programs. The participants were two experts on the intervention and/or prevention programs who had many years of experience on the issue. To address the

research questions, themes were developed using qualitative data analysis. The research questions for this study were the following: To what extent do youth programs in New York's Monroe County utilize techniques consistent with Chapman's model of delinquency intervention, and how effective are they? What are the possible effects of possible discontinuation of specified programs?

The case study established two themes from the responses of the participants. The first theme that emerged was prevention is the most effective solution and is underfunded. Positive approaches like mentoring and peer support have the ability to directly impact a child's self-esteem. Having an adult outside of immediate family who provides emotional support and recreational activities mitigates the adverse effects of trauma and mental health disorders. The second theme that emerged from the responses was that past program participants have trouble finding other mentoring programs due to eligibility issues.

Interpretation of the Findings

The framework of the current study was based on Chapman's (2007) intervention and/or prevention theory. This theory provided a lens for considering intervention and/or prevention to curb risk-taking and delinquent behavior among adolescents. From a theoretical perspective, it is likely that the underpinnings of intervention and/or prevention programming will be accomplished through a theoretical lens used to examine well-documented and successful programming. The motivation behind this proposition is the concept that studying the effectiveness of intervention and/or prevention programs

increases the chances of curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16.

Theme 1

This theme resulted from the research question: To what extent do youth programs in New York's Monroe County utilize techniques consistent with Chapman's model of delinquency intervention, and how effective are they? "Prevention is the best solution to addressing these issues and the most under-funded. When available, proactive approaches like mentoring and peer support have a direct impact on a child's sense of self-worth. The presence of a caring adult outside of immediate family mitigates the adverse effects of traumatic experiences and mental health disorders by providing emotional support and recreational outlets" (Participant # 1), which I considered to be one of the most vital findings of the study emerged from one, out of two of the interviewed respondents. Participant #1 emphasized that intervention and/or prevention programs for at-risk youth can reduce the chance of recidivism and involvement in juvenile justice system as they are given the chance to truly rehabilitate and change for the better as opposed to the traditional setting wherein, they are subjected and punished without the children completely understanding what they did wrong or what their mistakes were in the first place. Guided by Chapman's theory that there is a connection between modern theories of deviance and programs of juvenile delinquency intervention it is possible for youth to model and learn positive behavior patterns through intervention and preventions programs. One of the ideas developed directly related to this theme is that intervention and/or prevention programs reduces and/or prevent youth risk-taking

behavior and juvenile delinquency. Another idea directly related to this theme is, programs that target early intervention and prevention are crucial for preventing, reducing, and/or eliminating youth delinquent behavior and recidivism. Early intervention and prevention programs helped prevent the onset of adult criminal careers and thus reduces the burden of crime on its victims and on society. Studies show that most adult criminals begin their criminal careers as juveniles (Van Koppen, 2018; Youth.gov, 2016; Zara & Farrington, 2009; Greenwood, 2008). Early age intervention programs may prevent juveniles from becoming a part of the juvenile justice system in later years and enhance the juvenile chances of success in adulthood (Harmon, 2015). A program that can reach children at an early age will provide a foundation that may prevent delinquent behavior in teenage years through adulthood. It has been proven through the process of developmental criminology that children having behavior problems at an early age are likely to continue on the wrong path unless there is some type of intervention in the child's life (Harmon, 2015). Prevention programs target youth in efforts to prevent smoking, drug use, and teen pregnancy. At-risk youth are targeted "for a particular outcome, such as delinquency or violence, a group that might include those in disadvantaged neighborhoods, those struggling in school, or those exposed to violence at home (Greenwood, 2008, p. 196). Participant # 2 emphasized that another effect that intervention and/or prevention programs provide at-risk youth in order to reduce the chances of them into going back to their old lives was the direct involvement in the process of changing themselves and rebuilding their lives in order to understand the situation better. Studies show adolescents who engage in risk-taking behavior are more

likely to engage in delinquent behavior (OJJDP, 2011; OJJDP, 2010; NCBI Bookshelf, 2011; OJJDP, 2003). There are contributing factors such as, poor education, peer pressure, disadvantaged socioeconomic status, and substance abuse that can have an impact on delinquent behavior. While there are several existing intervention and prevention programs, it is important for juveniles to take part in intervention and prevention programs that are most effective in curbing juvenile delinquency.

Community-based intervention programs are created for a number of reasons such as, “diverting youth out of the juvenile justice system, serving youth placed on informal or formal probation, or serving youth on parole who are returning to the community after a residential placement. These settings range from individual homes, to schools, to teen centers, to parks, to the special facilities of private providers” (Greenwood, 2008, p. 197).

I concluded that intervention and/or prevention programs can curb youth risk-taking behavior and juvenile delinquency. Youth intervention supports adolescents and their caregivers in filling that gap. Intervention and/or prevention programs can provide support to both youths and their caregivers. For instance, there are intervention and/or prevention programs that teaches parents and/or caregivers how to raise healthy children; teach adolescents children about the effects of drugs, gangs, sex, and weapons. These programs provide youths with the awareness that their actions have consequences.

Intervention and prevention programs can have a positive impact on influencing adolescents to make positive decisions for their own future.

Theme 2

This theme resulted from the research question: What are the possible effects of possible discontinuation of specified programs? Participant # 2 emphasized the importance of how a program/service is delivered instilling the value of taking a positive approach that will build a strong connection with at-risk youth and as a result help rebuild their lives. One idea developed directly related to this theme is that infusing values of self-worth, self-respect, and empowerment to the youth participants of intervention and/or prevention programs reduces and/or prevent youth risk-taking behavior and juvenile delinquency. Mentor programs that have a significant impact on empowering and instilling the values of self-worth. Mentors play a powerful role in providing young people with tools to strive and succeed, to attend and engage in school, and to reduce or avoid risky behavior like drug use (BBBSSWCT.org). Mentoring provides meaningful connections that impact young people, influence their lives at home, school, work, and in their communities. Supportive relationships are essential for youths to become thriving and productive adults. Mentoring assures adolescents that someone cares about them, reassures youths that they are not alone in facing day-to-day challenges, and makes them feel important. This is considered one of the most vital findings of the study. Research conducted by the National Mentoring Partnership reveals that 46% youth who met regularly with their Mentors were less likely than their peers to start using illegal drugs and 27% less likely to start drinking. Also, research showed the impact mentoring have on young people according to Big Brother Big Sister of Southwestern Connecticut (BBBSSWCT) and MENTOR (see Table 2 and Table 3 in Chapter 4). I

concluded that discontinuing programs such as mentoring can have a significant impact on youth risk-taking behavior and juvenile delinquency. By not having this program available to youths, it can increase the likelihood of engaging in delinquent and criminal behavior. Mentor can introduce youths to new experiences, share positive values, and can help adolescents avoid negative behaviors and achieve success. Mentoring relationships have powerful positive effects on youths in a variation of personal, academic, and professional situations. Overall, Mentor programs can also have a positive impact on influencing adolescents to make positive decisions for their own future. Mentoring connects a youth to personal growth and development, and social and economic opportunity. When adolescents engage in programs that are empowering and help to reduce and/or eliminate criminal behavior it could enrich the lives of young people (Greenwood, 2008). Social change could occur as a result of positive improvements in youth risk-taking behavior and juvenile delinquency. Mentors instill the value of modeling appropriate behavior that will encourage youths to become productive members in their community. Youths with mentors have increased likelihood of going to college, better attitudes toward school, increased social and emotional development, and improved self-esteem. The effectiveness of mentor programs is supported by a small body of knowledge, and future research into this field is highly suggested.

I examined the secondary data collected from the Monroe County YRBS 2018–2019 school year. According to the YRBS (2019) which included the RCSD risk-taking behaviors in secondary school students were identified. However, it was not discussed whether intervention and/or prevention programs were involved with the results of the

YRBS. Between 2007 and 2019 there were declines in the proportion of students who reported: carrying a weapon; engaging in physical fighting; they were electronically bullied; smoking cigarettes, cigars; drinking alcohol; ever using marijuana; using over the counter drugs to get high, ecstasy and synthetic drugs; drinking and driving; and engaging in sexual intercourse. Additionally, between 2007 and 2019 there was a decrease in the proportion of sexually active students who reported a condom was used during the last time they had sex. There was a decline in at-risk taking behavior. However, there was no evidence that intervention and/or prevention programs had an impact.

Between 2007 and 2019 there were increases in the proportion of students who reported: not going to school on one or more days in the past month because they felt unsafe; feeling sad or hopeless for two or more weeks in a row that they stopped doing their usual activities; and seriously considering suicide; spending 3 or more and 5 or more hours per day engaging in screen time (i.e.TV, video games, computer, smartphone). Between 2015 and 2019 there were increases in the proportion of students who reported: using e-cigarettes/vape products; that their health care provider did not discuss with them pregnancy prevention methods at their last checkup. However, there was no evidence that these students were offered and/or participated in intervention and/or prevention programs.

Students were asked a series of questions about potentially traumatic experiences during their lives. Research has demonstrated that experiencing adverse events before the age of 18, without intervention and support, increases the likelihood of engaging in risk-

taking behaviors and delinquent behavior as well as increases the likelihood of poor mental and physical health outcomes in later years. The accumulation of multiple adverse childhood experiences (ACEs) compounds these risks. 66% of students reported one or more adverse experiences 24% reported three or more. There was no evidence that these students received intervention and support for the trauma experienced. In addition, there were no evidence that these students engaged in risk-taking behavior and delinquent behavior.

Mental health challenges worsened in 2019, 32% of students reported depression symptoms (up from 21% in 2007), and 14% reported they considered suicide in the past year (up from 12% in 2007). According to The Department of Public Health findings in the 2019 Monroe County YRBS, students who experienced adverse childhood events (ACEs), also called trauma, before the age of 18, without intervention and support, increases the likelihood of experiencing mental health challenges, using substances, and engaging in sexual risk behaviors. However, there was no evidence that these students received intervention and/or prevention services to address mental health challenges. Furthermore, it was unclear whether any intervention and/or prevention programming was ongoing to address the YRBS critical risk behaviors or the survey results from the 2018–2019 school year. It is also important to note that although it was suggested that students should participate in intervention and/or prevention programs, specific programs were not mentioned. It was noted that the effectiveness of these programs depends on parent and community participation. For instance, counseling was recommended for youths who experience mental health trauma. That expanding mental health support and

improving access to counseling or therapy can help children and youths process their past trauma. However, it was indicated these interventions alone will not address the above-mentioned root causes of these symptoms. Reason being, “these influences are complex and inherently difficult to address, it is important for parents and community members to recognize symptoms of mental health challenges and encourage youth to seek help when appropriate” (YRBS, 2019).

The highlights of the 2019 Monroe County YRBS included adverse childhood experiences (ACEs/Trauma), violence/bullying, social media-bullying and safety issues, mental health, tobacco/e-cigarettes, alcohol use, marijuana use, use of other drugs, distracted driving/driving under the influence, sexual risks, physical activity, sleeping habits and assets. Data presented in the Monroe County YRBS showed these students engaged in risk-taking and delinquent behavior. In addition, based on these results, students were victims of trauma that may have caused them to engage in risk-taking and delinquent behavior. However, there is no evidence that intervention and/or prevention programs was involved with the results of the YRBS. Lastly, while intervention and/or prevention programs were recommended, it was alluded that effectiveness and success of the programs were based on parent and/or community participation. Given the non-significance of these results, there is no evidence that intervention and/or prevention programs made a difference in curbing risk-taking and delinquent behavior among students who participated in the 2019 Monroe County YRBS.

Limitations of the Study

There were several limitations to the study. One major limitation of the study was due to the COVID-19 outbreak. Due to the COVID-19 outbreak, the CDC implemented restrictions to help prevent the spread of the virus. The restrictions put forth included social distancing, community activities restrictions, and wearing face masks. As a result, I was restricted from conducting a face-to-face interview with the participants. Although this approach provided correspondence through email to help prevent the spread of the COVID-19, it resulted in a small data set. Two interviews were done for valid and reliable outcomes to emerge for a better understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16.

Also, due to COVID-19 outbreak, secondary data were collected from the YRBS. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year. There were several limitations to the data collected: the results did not include students who dropped out of school or students who were absent the day of survey administration; data was based on self-report and students may under-report illegal behavior like alcohol or drug use; it was not clear how the results were affected by the fact that two suburban school districts did not participate; and, results were based on responses to each individual question and did not include internal reliability checks. Secondly, due to the survey not being conducted in 2013, it is unclear what impact of the lapse had on the trends. Lastly, the results of the YRBS showed no

evidence that intervention and/or prevention programs had an impact on the decrease and/or increase on student's risk-taking behavior and delinquent behavior.

Second limitation is methodological in nature. The study used a specific case to examine the impact of intervention and/or prevention phenomena. With the idiographic approach, this research sets the limitation regarding the generalization. Moreover, qualitative research is broad in scope, and may be affected by fiscal and time constraints related to the study (Patton, 2002). The nature of case studies has justified the selection of a particular program of interest for evaluation. The methodology was appropriate in garnering the required information to express the desired results. I was allowed to select questions that would generate the desired outcome of the study and were tailored to specifically address the phenomenon under examination. The study narrowed its scope as much as possible to minimize the amount of time and resources devoted to conduct this kind of study. Due to the scope, the case study had limitations that hindered a thorough overview of its findings. The results may vary if the general population was tested. However, both theory and literature support the notion that intervention and/or prevention programs could have an impact on curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16.

Despite these limitations, this research is important to promoting intervention and/or prevention programs in Monroe County, New York for the adolescents. First, understanding critical youth risk-taking behaviors as defined by the CDC is key for communities and public health officials to create programming that benefit adolescents. Secondly, understanding risk factors and contributing factors, including but not limited to

individual and community violence, family, peer groups, low school engagement, poverty, gang affiliation, incarceration, sexual risks, and substance use disorder.

This study extends the existing research with particular focus on curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16 in Monroe County, New York. The findings added further credibility to the effects of the use of intervention and/or prevention programs. The study's methodology and scope can also be replicated and extended without difficulty. The current study can be used by other researchers as a foundation for further research into the effect of interventions and/or prevention programs on curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. The gap in the literature on understanding the social phenomenon associated with intervention and prevention among adolescents between the ages of 13 and 16 set the significance of this study. The validated claims as well as the themes that emerged from the data of this study will add to the body of knowledge on intervention and/or prevention programs. Moreover, these findings will affect a wide range of stakeholders. To start with, the findings of this study can help families experiencing juvenile delinquency. The findings herein presented the advantages and disadvantages of discontinuing intervention and/or prevention programs. Studies regarding the positive effects of these intervention and/or prevention programs are extensively cited in the review of literature. Using the results of this study, the community can develop its own delinquency prevention and/or intervention programs. Findings from this study can also be used by politicians, community centers, social workers, health care providers, and education institutions to

establish effective intervention and/or prevention programs for youths in the Monroe County, New York community. It can also give juvenile justice practitioners a way to view and evaluate the effectiveness of intervention and/or prevention programs in curbing youth risk-taking and delinquent behavior and reducing recidivism rates, particularly among adolescents between the ages of 13 and 16.

Recommendations

The methodological purpose of this study was in line with the approach used to garner data, which was to examine the outcomes and determine how specific actions have led to these particular outcomes, producing themes representing the set of data that has been garnered. Having determined the nature of intervention and/or prevention programs and curbing youth risk-taking and delinquent behavior and reducing recidivism rates, particularly for adolescents between the ages of 13 and 16, it is advised to look for other ways to contribute in the literature. The role of qualitative methods was fulfilled by examining the outcomes and how actions affected these outcomes. While qualitative methods produce rich and detailed data, there is a need to lift the limit of generalizability. To fulfill this, a qualitative method is recommended to follow up on these current findings. The determination of the consistency, as well as relationships among the determined outcomes, will enhance knowledge of intervention and/or prevention programs. Moreover, it will help in pinpointing which of the themes significantly affect curbing risk-taking and delinquency among adolescents between the ages of 13 and 16.

Further studies may also look into the effects of intervention and/or prevention programs of different age groups on recidivism. Several other demographic variables

such as educational attainment, family background, and social status may also help in developing a set of best practices aimed at youth who engage in risk-taking and delinquent behavior, which are the most affected by the current justice system.

Additionally, by examining the benefits of intervention and/or prevention programs on a wide variety of different populations, various mechanisms specifically targeting the population can be initiated to reduce youth-involvement in the juvenile justice system.

The results of this study should provide insight into how these specific programs contribute to the reduction of juvenile delinquency and risk-taking behavior. Insights from this study should aid stakeholders, community centers, politicians, social workers, health care providers, education institutions, in designing programs that will help address youth risk-taking and delinquent behavior. Funds spent on the juvenile justice system can be invested in education opportunities such as college and/or vocational school, mental health counseling, intervention and prevention programs (i.e., basic life skills).

While the YRBS identified youth risk-taking and delinquent behavior, this study did not find that YRBS changed youth risk-taking behaviors. In fact, there is no evidence that intervention and/or prevention programs were involved with the results of the YRBS. A second recommendation is for this community's schools to conduct their own research to determine whether intervention and/or prevention programs can change and improve risk-taking and delinquent behaviors within their student population. Lastly, because the CDC allows for researchers to have easy access to the YRBS data, other studies could continue to compare selected risk-taking behaviors to mental health outcomes as

Soleimanpour et al. (2010) studied and find long term trends that could guide ongoing youth programming such as add health (Chen et al., 2010; Dodge & Lambert, 2009).

Implications

Juvenile delinquency is an area in which there is a need for social change.

Curbing juvenile delinquency has been extremely challenging (Youth.gov, 2016; Juvenile Justice, 2012; Lipsey et al. 2010; OJJDP, 2003). The methods used to prevent and/or curb juvenile delinquency have changed over a period of time. All levels of society may become impacted from studies involving intervention and/or prevention programs and curbing risk-taking and delinquent behavior among adolescents between the ages of 13 and 16. If existing school systems used the YRBS results to define risk-taking behaviors in their communities, align intervention and/or prevention programming, and develop research protocols allowing for continuous sharing of data, it is possible that intervention and/or prevention programming could benefit youths. By students learning healthy behaviors, the family is also on an improved field for affecting the community at large. Social change within communities comes not only from families requesting services, but also from community organizers recommending policy change based on YRBS results.

Positive social change occurs from helping families to lead productive lives. This study showed clearly that there are youth risk-taking and delinquent behaviors in Monroe County and the RCSD school systems that needs addressing. Understanding why students behave and choose to take risks is important to know (Brenner et al., 2004). By making use of this, knowledge after-school programs and community programs can teach healthier behaviors and habits. Further, health care providers at local school systems

within each of the communities could then work together towards decreasing high-risk behaviors. Bandura (2001) suggested that within an agentic society, students and families are not only the producers they are also a product of society that can be modified.

Another point of Bandura's theory discussed how humans can turn to a proxy mode of choice where they allow others with experiences to offer information and outcomes that they may want to incorporate into their own self-development. This proxy mode is in process when school systems survey students using the YRBS and then incorporate results into safety programming. From the YRBS research data then, modification of behaviors can begin. In theory then, learned behavior that is self-influenced using self-insights (Bandura, 1986) allows for students and families to become cognizant of one's own behaviors and make appropriate changes for positive social change to occur. In practice, I believe that more schools should participate in the biyearly YRBS so that results can become a basis for community outreach and change. As years change behaviors of style, language, clothing, music, commercial products, and their influence on youth, much can be collected from the YRBS data. Intervention and/or prevention programs can be modified or developed to address risk-taking and delinquent behaviors. Lastly, although not found as a result of this study, intervention and/or prevention programs that are based on the YRBS results could support and improve the lives of youths in a various communities.

In this intervention and/or prevention phenomenon, the community has the most at stake. Positive outcomes of research on intervention and/or prevention programs may prompt policy makers to revisit the current juvenile justice system and change it to be

more accommodative of the programs to influence the at-risk youth taking behavior and increase their involvement in the community. Involvement of all the stakeholders, community centers, politicians, social workers, health care providers, education institutions is crucial to initiate social change. Education institutions, politicians and criminal justice professionals can help social change occur by providing adolescents opportunities that can help change their attitude and outlook on their future (i.e., adolescents may be more likely to become productive members in their communities and society). Moreover, the study may be a driving force for juvenile justice practitioners, policy makers, and academics to understanding characteristics of successful intervention and/or prevention programs among youth between the ages of 13 and 16.

Summary

The purpose of this qualitative case study was to improve the understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. Due to the COVID-19 outbreak, it resulted in a small data set. Two interviews were done for valid and reliable outcomes to emerge for the better understanding of the relationship between intervention and prevention programs and curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. This study also used secondary data from the CDC-YRBS. The YRBS was conducted in Monroe County public high schools, including the RCSD, during the 2018–2019 school year.

This qualitative case study was framed by the Chapman (2007) intervention and/or prevention theory. This study was in line with the case study design, which

focused on two themes from the responses of the two program facilitators, that clarified how intervention and/or prevention programs affected curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. While the YRBS identified youth risk-taking and delinquent behavior, this study did not find that YRBS changed youth risk-taking behaviors. In fact, there is no evidence that intervention and/or prevention programs were involved with the results of the YRBS. Improvement of the themes that emerged, whether it is supplementary or contradictory to what it proclaims, is greatly needed. Changing risk-taking behaviors and delinquent behaviors is no simple task given the normalcy of adolescent's behaviors and need for iterations of behaviors resulting in improved self-efficacious choices. Curbing youth risk-taking, and juvenile delinquent behavior among adolescents between the ages of 13 and 16 can improve when stakeholders, community centers, politicians, social workers, health care providers, education institutions understand the risk-taking behaviors and delinquent behaviors within their community, and then incorporate that knowledge toward addressing these needs.

Application of the findings for future studies is anticipated to broaden the body of knowledge on intervention and/or prevention programs in relation to curbing youth risk-taking behavior and juvenile delinquency among adolescents between the ages of 13 and 16. This study also proved to be wide-ranging because it irradiated the potential benefit that intervention and/or prevention programs provides youth, the school system, the juvenile justice system, and all the stakeholders in the community. Moreover, the study may be a driving force for juvenile justice practitioners, policy makers, and academics to

understanding characteristics of successful intervention and/or prevention programs among youths between the ages of 13 and 16.

References

- Act for Youth Center of Excellence. (2014). *Adolescence: U.S. teen demographics*.
<http://www.actforyouth.net/adolescence/demographics/>
- ACT for Youth Upstate Center for Excellence. (2002). *Adolescent delinquency*.
http://www.actforyouth.net/resources/rf/rf_delinquency_0902.pdf
- Age limits and adolescents. (2003). *Paediatrics & child health*, 8(9), 577–578.
<https://doi.org/10.1093/pch/8.9.577>
- Akers, R. L., & Jensen, G. F. (2014). Empirical status of social learning theory of crime and deviance: The past, present, and future.
<https://dl.icdst.org/pdfs/files1/44057e6e3fd2820a14fa7bec19d75968.pdf>
- Albert, D., Chein, J., & Steinberg, L. (2013). Peer influences on adolescent decision making. *Current directions in psychological science*, 22(2), 114–120.
<https://doi.org/10.1177/0963721412471347>
- Altschuler, D. M. (2008). Rehabilitating and reintegrating youth offenders: Are residential and community aftercare colliding worlds and what can be done about it? *Justice Policy Journal*, 8(1), 1–26.
- Andrews, D., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369–404.
<https://doi.org/10.1111/j.1745-9125.1990.tb01330.x>
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.

- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52, 1-26. <https://doi.org/10.1146/annurev.psych.52.1.1>
- Big Brother Big Sister. (2021). *Ignite potential*. <https://www.bbbsswct.org/>
- BMC Medical Research Methodology. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. <https://doi.org/10.1186/s12874-018-0594-7>
- Bogdan, R. C., & Biklen, S. K. (1982). *Qualitative research for education: An introduction to theory and methods*. Allyn and Bacon, Inc.
- Botvin, G. J., Baker, E., Dusenbury, L. D., Botvin, E. M., & Diaz, T. (1995). Long-term follow up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273, 1106–1112. <https://doi.org/10.1001/jama.273.14.1106>
- Brasher, J. (2013, Sept. 26). *New evaluation process offers better outcomes for juvenile offenders*. <http://news.vanderbilt.edu/2013/09/evaluation-juvenile-offenders>
- Brener, N. D., Kann, L., Kinchen, S. A., Grunbaum, J., Whalen, L., Eaton, D., Hawkins, J., Ross, J. G. (2004). *Methodology of the Youth Risk Behavior Surveillance System [No. RR-23]*. *Morbidity and mortality weekly report*, 53. <http://www.cdc.gov/mmwr/pdf/rr/rr5312.pdf>
- Brenner, N. D., Kann, L., Shanklin, S., Kinchen, S., Eaton, D. K., Hawkins, J., & Flint, K. H. (2013). Methodology of the Youth Risk Behavior Surveillance System—2013. *Morbidity and Mortality Weekly Report*, 62(1). <http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf>

- Broemmel, M. (2018, January 29). *What are the causes of juvenile delinquency?*
<http://legalbeagle.com/5103746-causes-juvenile-delinquency.html>
- Bryman A. (2001). *Social research methods*. Oxford University Press.
- Burt, C. H., & Simons, R. L. (2013). Self-control, thrill seeking, and crime: Motivation matters. *Criminal Justice and Behavior*, 40(11), 1–23. <https://doi.org/10.1177/0093854813485575>
- Butts, J. A. (2016). Total Youth Arrests For Violent Crime Still Falling Nationwide. <https://johnjayrec.nyc/2016/09/27/databit201601/>
- California Legislative Analyst's Office. (1995, May). *Juvenile crime--Outlook for California Part III*. http://www.lao.ca.gov/1995/050195_juv_crime/kkpart3.aspx
- Casey, A. (2013). *Reducing youth incarceration in the United States*.
<https://www.aecf.org/resources/reducing-youth-incarceration-in-the-united-states>
- Center for Public Safety Initiatives. (2012). *An exploration of gun violence and prevention: Toward the development of an inclusive database working paper 1 of 3: Background on gun violence*.
<https://www.rit.edu/liberalarts/sites/rit.edu.liberalarts/files/documents/our-work/2012-08.pdf>
- CDC. (1999). *Strategies to prevent youth violence: Social- cognitive strategy*.
<http://www.cdc.gov/violenceprevention/pdf/chapter2b-a.pdf>
- CDC. (2010). *Surveillance for violent deaths: National violent death reporting system*.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5904a1.htm>
- CDC. (2012). *Youth violence: Facts at a glance*.

<http://www.cdc.gov/ViolencePrevention/pdf/YV-DataSheet-a.pdf>

CDC. (2014). *Youth online: High school youth risk behavior surveillance survey (New York 2013 results)*. <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=NY>

CDC. (2015). *Youth violence: Risk & protective factors*.

<https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html>

CDC. (2016). *Youth violence: Consequences*.

<http://www.cdc.gov/violenceprevention/youthviolence/consequences.html>

CDC. (2019). *Preventing adverse childhood experiences (ACEs): Leveraging the best available evidence*.

<https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

Chapman, G. L. (2007). *The application of theory to intervention: The intersection of theories of deviance and juvenile delinquency intervention programs* (Doctoral dissertation).

<http://search.proquest.com.ezp.waldenulibrary.org/dissertations/docview/1037964717/2E3A51EB1E4F494EPQ/2?accountid=14872>

Chen, A. C., Thompson, E. A., & Morrison-Beedy, D. (2010). Multi-system influences on adolescent risky sexual behavior. *Research in Nursing & Health*, 33, 512-527. <https://doi.org/10.1002/nur.20409>

Christle, C. A., Jolivette, K., Nelson, C. M. (2005). *Breaking the school to prison pipeline: Identifying school risk and protective factors for youth delinquency*. https://doi.org/10.1207/s15327035ex1302_2

Clandinin, D. J. (2006). *Narrative inquiry: A methodology for studying lived*

experience. *Research Studies in Music Education*, 27(1):44-

54. <https://doi.org/10.1177/1321103x060270010301>

Columbia Academic Commons. (2012). Young children at risk: National and state prevalence of risk factors.

<https://academiccommons.columbia.edu/doi/10.7916/d8-ssf4-cm09>

Council on Crime and Justice (2006). *The Juvenile Offender Study: A Retrospective Examination of Youth Offenders*.

<https://static.prisonpolicy.org/scans/ccj/JO%20FINAL%2003312006.pdf>

Corbin, J., & Strauss, A. (2007). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.

Corrections.com. (2005). *Juvenile delinquency: Cause and effect*.

<http://www.corrections.com/articles/3984-juvenile-delinquency-cause-and-effect>

Cowen, E. L. (1973). Social and community intervention. *Annual Review of Psychology*, 24, 423-472. <https://doi.org/10.1146/annurev.ps.24.020173.002231>

Cowen, E. L. (1983). *Primary prevention in mental health: Past, present and future*.

In R. D. Felner, L. Jason, J. Moritsugu, & S. S. Farber (Eds.), *Preventive psychology: Theory, research and practice in community interventions*. New York: Pergamon Press.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Creswell, J. W. (2009). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Daspe, M., Arbel, R., Ramos, M. C., Shapiro, L. A. S., & Margolin, G. (2018). Deviant peers and adolescent risky behaviors: The protective effect of nonverbal display of parental warmth. *Journal of Research on Adolescence*, 29(4), 863–878.
<https://doi.org/10.1111/jora.12418>
- Division of Criminal Justice Services. (n.d.). New York State juvenile delinquency prevention program.
<https://www.criminaljustice.ny.gov/ofpa/juvdelprevfactsheet.htm>
- Dodge, T., & Lambert, S. F. (2009). Positive self-beliefs as a mediator of the relationship between adolescents' sports participation and health in young adulthood. *Journal of Youth and Adolescence*, 38(6), 813-825.
<https://doi.org/10.1007/s10964-008-9371-y>
- Dui Attorneys. (2012). The history of teenage delinquency in the criminal justice principles. <http://duiattorneys2012.blogspot.com/2012/07/history-of-teenage-delinquency-in.html>
- “4 Adolescent Development.” National Research Council. (2013). *Reforming juvenile justice: A developmental approach*. Washington, DC: The National Academies Press. doi: 10.17226/14685. Retrieved from
<https://www.nap.edu/read/14685/chapter/6#99>
- Favazza, A. R. (1996). *Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry* (2 ed.). Baltimore, MD: Johns Hopkins University Press.

- Favazza, A. R., & Conterio, K. (1989). Female habitual self-mutilators. *Acta Psychiatrica Scandinavica*, 79, 283-289. <https://doi.org/10.1111/j.1600-0447.1989.tb10259.x>
- Favazza, A. R., DeRosear, L., & Conterio, K. (1989). Self-mutilation and eating disorders. *Suicide and Life-Threatening Behavior*, 19(4), 352-361. <https://psycnet.apa.org/record/1990-15071-001>
- Fink, A. (2008). *Practicing research: Discovering evidence that matter*. Thousand Oaks, CA: Sage Publications, Inc.
- Forneris, T., Fries, E., Meyer, A., Buzzard, M., Uguy, S., Ramakrishnan, R., & Danish, S. (2010). Results of a rural school-based peer-led intervention for youth: Goals for health. *Journal of School Health*, 80(2), 57-65. <https://doi.org/10.1111/j.1746-1561.2009.00466.x>
- Fox, J. A., (1996). Trends in juvenile violence: A report to the United States Attorney General on current and future rates of juvenile offending. <https://www.bjs.gov/content/pub/pdf/tjvfox2.pdf>
- Gifford-Smith, M., Dodge, K. A., Dishion, T. J., & McCord, J. (2005). Peer Influence in Children and Adolescents: Crossing the Bridge from Developmental to Intervention Science. *Journal of Abnormal Child Psychology*, 33(3), 255–265. <https://doi.org/10.1007/s10802-005-3563-7>
- Governor's Commission on Youth, Public Safety and Justice. (2014). *Final report of the Governor's Commission on Youth, Public Safety, and Justice: Recommendations for juvenile justice reform in New York State*. <https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/ReportofCo>

[mmissiononYouthPublicSafetyandJustice_0.pdf](#)

Greenwood, P. (2008). Prevention and intervention programs for juvenile offenders. *The Future of Children*, 18(2), 185-210. <https://doi.org/10.1353/foc.0.0018>

Greenwood, P. (2010). *Preventing and reducing youth crime and violence: Using evidence-based practices*. http://www.nursefamilypartnership.org/assets/PDF/Journals-and-Reports/CA_GOGYVP_Greenwood_1_27_10

Griffiths, T. C., Dandurand, Y., & Murdoch, D. (2007). *The social reintegration of offenders and crime prevention*.

<http://www.curtgriffiths.com/pdfs/Social%20reintegration.pdf>

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1).

<https://doi.org/10.1177/160940690400300104>

Gullion, J. G., (2006). Explaining juvenile delinquency: *A test of Robert Agnew's general strain theory, utilizing the national longitudinal study of adolescent health data* (Doctoral dissertation).

http://digital.library.unt.edu/ark:/67531/metadc5500/m2/1/high_res_d/dissertation.pdf

Harmon, N. (2015). Early intervention and preventing juvenile delinquency.

<http://www.cji.edu/site/assets/files/1921/earlyinterventionandpreventingjuveniledelinquency.pdf>

HealthyChildren.org. (2019). Stages of adolescence.

<https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of->

[Adolescence.aspx](#)

Hutchins, A. L. (2008). *Roles, responsibilities, and responses: The intersection of journalism and public relations in the Armstrong Williams, McManus and Gallagher, and El Nuevo Herald Ethics Controversies*. (Doctoral Dissertation). ProQuest, LLC. (UMI Microform 3340524).

Janesick, V. J. (2011). *“Stretching”: Exercise for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Journal of Research on Adolescents. (2018). Deviant peers and adolescent risky behavior: The protective effects of nonverbal display of parental warmth. <https://doi.org/10.1111/jora.12418>

Juvenile Justice. (2012). Juvenile delinquency theories. <http://juvenilejustice190.blogspot.com/2012/10/once-a-criminal-always-criminal-this-is.html>

Keeton, V., Soleimanpour, S., Brindis, C. (2012). School-Based health centers in an era of health care reform: Building on history. *Current Problems in Pediatric Adolescent Health Care*, 42(6), 132-156.

<https://doi.org/10.1016/j.cppeds.2012.03.002>

Kim, N., Stanton, B., Li, X., Dickersin, K., & Galbraith, J. (1997). Effectiveness of the 40 adolescent AIDS-risk reduction interventions: A quantitative review. *Journal of Adolescent Health*, 20(3), 204-215.

[https://doi.org/10.1016/s1054-139x\(96\)00169-3](https://doi.org/10.1016/s1054-139x(96)00169-3)

Kitzman-Ulrich, H., Wilson, D. K., Van Horn, M. L., & Lawman, H. G. (2010).

Relationship of body mass index and psychosocial factors on physical activity in underserved adolescent boys and girls. *Health Psychology*, 29(5), 506-513.

<https://doi.org/10.1037/a0020853>

Latessa, E. J. (2014). *What works and what doesn't in reducing recidivism for juvenile offenders*. <https://doi.org/10.4324/9781315721224>

<http://www.slideserve.com/hayden-dodson/what-works-and-what-doesn-t-in-reducing-recidivism-the-principles-of-effective-intervention>

Lawyer Shop. (2015). Juvenile crime statistics.

<http://www.lawyershop.com/practice-areas/criminal-law/juvenile-law/crimes>

Lipsey, M. W. (1994). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T. D. Cook (Ed.). *Meta-analysis for explanation: A casebook* (pp. 83-127). New York, NY: Russell Sage Foundation.

Lipsey, M. W. (2000). Meta-analysis and the learning curve in evaluation practice. *American Journal of Evaluation*, 21(2), 207-212.

https://www.researchgate.net/publication/249773374_Meta-Analysis_and_the_Learning_Curve_in_Evaluation_Practice

Lipsey, M. W. (2002). Meta-analysis and program outcome evaluation. *Socialvetenskaplig Tidskrift*, 9(2-3), 194-208.

Lipsey, M. W., Howell, J. C., Kelly, M. R., Chapman, G., & Carver, D. (2010). *Improving the effectiveness of juvenile justice programs: A new perspective on evidence-based practice*. https://njjn.org/uploads/digital-library/CJJR_Lipsey_Improving-Effectiveness-of-Juvenile-Justice_2010.pdf

Lloyd M. (2018). Domestic Violence and Education: Examining the Impact of Domestic Violence on Young Children, Children, and Young People and the Potential Role of Schools. *Frontiers in psychology*, 9, 2094.

<https://doi.org/10.3389/fpsyg.2018.02094>

Long Jr, L., & CPS, M. (2011). Social Learning: How Children/Adolescents Learn through Self-Regulation and Reinforcements.

<https://psychsocialissues.com/2011/04/07/social-learning-theory-how-childrenadolescents-learn-through-self-regulation-and-reinforcements/>

Maxwell, J. A., (2005). *Qualitative research design: an interactive approach* (2nd ed.). Thousand Oaks, CA: Sage Publications.

<https://doi.org/10.1177/1094428106290193>

MENTOR (2021). Focus on connecting: Amplify student success by centering relationships in school. <https://www.mentoring.org>

Merton, R. K. (1957). *Social theory and social structure*. New York, NY: Free Press of Glencoe. <https://doi.org/10.2307/2573874>

Mills, G. E., & Gay, L. R. (2016) *Education research: Competencies for analysis and applications*. London, England: Pearson Education.

<https://doi.org/10.37074/jalt.2018.1.2.14>

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage Publications, Inc.

[https://doi.org/10.1016/s0272-4944\(05\)80231-2](https://doi.org/10.1016/s0272-4944(05)80231-2)

Morbidity and Mortality Weekly Report. (2012). Youth risk surveillance- United States,

2011. <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

Monroe County New York. (2019). Rochester City School District Youth Risk Behavior Survey.

<https://www2.monroecounty.gov/files/health/DataReports/RCSD%20YRBS%202019%2010.19.pdf>

Monroe County New York. (2019) Youth risk behavior survey report (YRBS).

<https://www.monroecounty.gov/files/health/DataReports/Monroe%20County%20YRBS%202019%2010.19.pdf>

Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). Reducing the Risks for Mental Disorders: Frontiers for Prevention Intervention Research (report of the Institute of Medicine's Committee on Prevention of Mental Disorders). Washington, DC: National Academy Press. <https://doi.org/10.1002/hpm.4740100216>

Murray, J., & Farrington, D. P. (2010). Risk factors for conduct disorder and delinquency: Key findings from longitudinal studies.

<https://doi.org/10.1177/070674371005501003>

National Center on Education Disability and Juvenile Justice Academic (2003).

Preventing youth delinquency: Identifying school risk and protective factors. <http://www.edjj.org/preventingyouthdelinquency.htm>

National Conference of State Legislatures (2015). *Delinquency prevention and intervention*. <http://www.ncsl.org/documents/cj/jjguidebook-delinquency.pdf>

National Gang Center. (2014). National Youth Gang Survey Analysis.

<https://www.nationalgangcenter.gov/Survey-Analysis/Demographics>

- National Research Council. (2013). *Reforming juvenile justice: A developmental approach*. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/14685>
- NCBI Bookshelf. (2001). A service of the National Library of Medicine, National Institutes of Health. *The developmental dynamics of youth violence* (Chap. 3).
<https://www.ncbi.nlm.nih.gov/books/NBK44301/?report=printable>
- NCBI Bookshelf. (2011). A service of the National Library of Medicine, National Institutes of Health. *Adolescents and the risks that affect them*.
<https://www.ncbi.nlm.nih.gov/books/NBK53412/>
- New York State Juvenile Justice Advisory Group. (2010). *Tough on crime: Promoting public safety by doing what works (A report to the Governor and Legislature)*.
<https://www.criminaljustice.ny.gov/ofpa/jj/documents/2010-jjagreport.pdf>
- New York State Juvenile Justice Advisory Group. (2012). *FFY 2012 QJJD: Title II formula grants program application*.
<https://ojjdp.ojp.gov/funding/awards/2012-jf-fx-0047>
- News21. (2014). At least 28,000 children and teens were killed by guns over an 11-year-period. <http://gunwars.news21.com/2014/at-least-28000-children-and-teens-were-killed-by-guns-over-an-11-year-period/>
- NYCourts.gov. (2014). New York State Unified Court System.
https://www.nycourts.gov/courts/nyc/family/faqs_juvenile.shtml
- Office of Justice Systems Analysis Research Report. (1999). *Factors contributing to recidivism among youth placed with the New York state division for youth*.

http://www.criminaljustice.ny.gov/crimnet/ojsa/dfy/dfy_research_report.pdf

Office of National Drug Control Policy. (1999). National drug control strategy.

<https://www.ojp.gov/ondcppubs/publications/policy/99ndcs/99ndcs.pdf>

OJJDP. (n.d.). Statistical briefing book: Law enforcement and juvenile crime.

<https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp?qa>

OJJDP. (1994). Juvenile justice reform initiative in the states (Chap. 2).

http://www.ojjdp.gov/pubs/reform/ch2_b.html

OJJDP. (1996). Provide opportunities for children and youth.

<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/action/sec4.htm>

OJJDP. (1996). Combating violence and delinquency: The national juvenile justice action

plan. <https://www.ncjrs.gov/pdffiles/jjplansm.pdf>

OJJDP. (1998). Consequences of youth substance abuse.

<http://www.ojjdp.gov/PUBS/drugid/ration-03.html>

OJJDP. (2003). Juvenile Justice Practices Series: Aftercare service.

<https://www.ncjrs.gov/html/ojjdp/201800/page2.html>

OJJDP. (2014) Bulletin: Juvenile Arrests.

<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248513.pdf>

OJJDP. (2015). Risk factors for delinquency.

<https://www.ojjdp.gov/mpg/litreviews/Risk%20Factors.pdf>

Oxford Bibliographies. (2014). Adolescent risk-taking behavior in the United States.

<https://doi.org/10.1093/obo/9780199756797-0143>

Ozer, E. M., Adams, S. H., Orrell-Valente, J. K., Wibbelsman, C. J., Lustig, J. L.,

Millstein, S. G., & Irwin, C. E. (2011). Does delivering preventive services in primary care reduce adolescent risky behavior? *Journal of Adolescent Health* 49(5), 476-482. <https://doi.org/10.1016/j.jadohealth.2011.02.011>

Pacific Standard. (2014). The Cost of Juvenile Incarceration.

<https://psmag.com/the-cost-of-juvenile-incarceration-d149dadf02c8#.r0ol2p871>

Parks, A. B. (2013). The effects of family structure on juvenile delinquency (Thesis).

<http://dc.etsu.edu/cgi/viewcontent.cgi?article=3380&context=etd>

Pattison, E. M., & Kahan, J. (1983). The deliberate self-harm syndrome. *American*

Journal of Psychiatry, 140(7), 867-872. <https://doi.org/10.1176/ajp.140.7.867>

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury

Park, CA: SAGE Publications.

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand

Oaks, CA: Sage.

Portney, L.G., & Watkins, M.P. (2009). *Foundations of clinical research: Applications to*

practice (3rd ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Priest, H., Roberts, P. & Woods, L. (2002). An overview of three different approaches to

the interpretation of data part 1: Theoretical issues.

<https://doi.org/10.7748/nr2002.10.10.1.30.c5877>

Psychology Today. (2011). Risky business: Why teens need risk to thrive and grow why

taking risks is an important part of adolescent development.

<https://www.psychologytoday.com/blog/youth-and-tell/201107/risky-business-why-teens-need-risk-thrive-and-grow>

Puzzanchera, C. (2009, December). *Juvenile arrests 2008*.

<https://doi.org/10.1037/e502162010-001>

Research and Evaluation DATA BITS. (2016). Total youth arrests for violent crime still falling nationwide. http://www.njcn.org/uploads/digital-library/databits_Total-Violent-Crime-Youth-Arests-Falling.pdf

Ritter, M. (2007). Experts link teen brains' immaturity, juvenile crime.

<http://abcnews.go.com/Technology/story?id=3943187&page=1>

Roberson, C. (2016). *Juvenile justice: Theory and practice*. CRC Press.

Runton, N. G. (2014). *Change in youth risk behaviors: Impact of school-based health centers on secondary school students* (Doctoral dissertation).

<http://search.proquest.com.ezp.waldenulibrary.org/pqdtlocal1005747/docview/1524270149/D1D4DECCDEFA4A3FPQ/1?accountid=14872>

SAMHSA. (2018). Selecting best-fit programs and practices: Guidance for substance misuse prevention practitioners.

https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Saminsky, A. (2010). Preventing juvenile delinquency: Early intervention and comprehensiveness as critical factors.

<http://www.inquiriesjournal.com/articles/165/2/preventing-juvenile-delinquency-early-intervention-and-comprehensiveness-as-critical-factors>

Schneider, F., Gruman, J., & Coutts, L.M. (2017). *Applied social psychology:*

Understanding and addressing social and practical problem. Thousand Oaks, California: Sage Publications. <https://doi.org/10.4135/9781071800591>

Shader, M. (2004). Risk factor for delinquency: An overview.

<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.209.302&rep=rep1&type=pdf>

Sherman, L. W., Gottfredson, D. C., MacKenzie, D. L., Eck, J., Reuter, P., & Bushway, S. D. (1998). *Preventing crime: What works, what doesn't, what's promising.*

(Report to the U.S. Congress). <https://doi.org/10.1037/e520902006-001>

Soleimanpour, S., Geierstanger, S. P., Kaller, S., McCarter, V., & Brindis, C. D. (2010).

The role of school health centers in health care access and client outcomes.

American Journal of Public Health, 100(9), 1597-1603

<https://doi.org/10.2105/ajph.2009.186833>

State of New York Office of the State Comptroller Division of Management Audit.

(1997). Division for youth industry school and oatka residential center resource consolidation and selected management practices.

<http://osc.state.ny.us/audits/audits/9596/95s93.pdf>

Symon, G., Buehring, A., Johnson, P. & Cassell, C.M. (2008). Positioning qualitative research in the academic labour process. *Organization Studies, 29*(10), 1315–

1336. [doi:10.1177/0170840607086552](https://doi.org/10.1177/0170840607086552)

Tellis, W. (2010). Introduction to case study. *The Qualitative Report, 3*(2), 1–12.

<http://www.nova.edu/ssss/QR/QR3-2/tellis1.html>

The Leadership Quarterly. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. <https://www.mcgill.ca/engage/files/engage>

[_authentic_leadership_avolio_gardner_2005.pdf](https://www.mcgill.ca/engage/files/engage/_authentic_leadership_avolio_gardner_2005.pdf)

- The Washington Post. (2014). Risky behavior by teens can be explained in part by how their brains change. https://www.washingtonpost.com/national/health-science/risky-behavior-by-teens-can-be-explained-in-part-by-how-their-brains-change/2014/08/29/28405df0-27d2-11e4-8593-da634b334390_story.html?utm_term=.c1fb53de0614
- Thomas, A. J., Carey, D., Prewitt, K. R., Romero, E., Richards, M., & Friedrich, B., V. (2012). African-American youth and exposure to community violence: Supporting change from the inside. *Journal for Social Action in Counseling and Psychology* 4(1), 54-68. <https://doi.org/10.33043/jsacp.4.1.54-68>
- Thornberry, T. P., Huizinga, D., & Loeber, R. (2004). *The causes and correlates studies: Findings and policy implications*. <https://doi.org/10.1037/e306292005-002>
- Thurmond, V. A. (2001). The point of triangulation. *Journal of Nursing Scholarship*, 33(3), 253–258. <https://doi.org/10.1111/j.1547-5069.2001.00253.x>
- Tymula, A., Rosenberg Belmaker, L. A., Roy, A. K., Ruderman, L., Manson, K., Glimcher, P. W., & Levy, I. (2012). Adolescents' risk-taking behavior is driven by tolerance to ambiguity. *Proceedings of the National Academy of Sciences*, 109(42) <https://doi.org/10.1073/pnas.1207144109>
- United States Census Bureau. (2015). American Fact Finder. <https://data.census.gov/cedsci/>
- University of Nebraska-Lincoln Extension Institute of Agriculture and Natural Resources. (2014). G07-1715 High-risk behaviors among youth. <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=5123&context=extensi>

[onhist](#)

Van Koppen, M.V. (2018). Criminal career dimensions of juvenile and adult-onset offenders. <https://doi.org/10.1007/s40865-017-0074-5>

Wiatrowsk, D. M., (1978). *Social control theory and delinquency* (Doctoral dissertation). <https://doi.org/10.15760/etd.857>

Winfree, L. Thomas, and Howard Abadinsky. (2003). *Understanding Crime*. 2nd ed. Toronto: Nelson Thomson, 2003.

World Health Organization. (2015). Preventing youth violence: An overview of the evidence. <https://www.who.int/publications/i/item/preventing-youth-violence-an-overview-of-the-evidence>

World Health Organization. (2021). Adolescent and young adult health. <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>

Zara, G., & Farrington, D. P. (2009). Childhood and adolescent predictors of late onset criminal careers. *Journal of youth and adolescents*, 38(3), 287-300. <https://doi.org/10.1007/s10964-008-9350-3>

Zipf, G. K. (1949). *Human behavior and the principle of least effort*. Cambridge, MA: Addison-Wesley.

Appendix A: Initial Invitation to Participate

Crime committed by adolescents between the ages of 13 and 16 years of age is a reoccurring issue in the United States. Criminal acts committed by adolescents include robbery, burglary, rape, assault, theft, distributing illegal substance and murder. Research shows there are a number of contributing factors associated with youth risk-taking behavior and juvenile delinquency. Curbing juvenile delinquency has been extremely challenging. The methods used to prevent and/or curb juvenile delinquency have changed over a period of time. However, studies show that the most effective methods are intervention and prevention programs.

You are invited to participate in a RESEARCH study on Effects of Intervention and Prevention Programs on Youth Risk-Taking Behavior in Monroe County. For this study you are asked to complete a short questionnaire through email correspondence, and an in-depth face-to-face interview using semi structured, open-ended questions. I'm asking for approximately an hour of your time. Participation in this research has the potential to fill a gap in understanding the possible impact intervention and prevention programs have on youth risk-taking behavior and juvenile delinquency and the recidivism rate among adolescents between the ages of 13 and 16. Instead of using statistical counts (calculating numbers) to gain greater clarity on this issue, this study focuses on the actual voices of those who have experienced the impact of intervention and prevention programs have on curbing juvenile delinquency. More importantly, your participation will start a factual conversation for future research on the importance of intervention and prevention programs designed to prevent youth risk-taking and juvenile delinquent behavior and reduce the recidivism rate.

Taking part in this study is strictly voluntary. All information is confidential, and your identity and privacy is rigorously protected. To participate in the study you must be: 1) at least 25 years of age; 2) Program Facilitator of a youth organization/community center; and 3) have experienced or felt that there was an impact whether negative and/or positive on intervention and/or prevention programs have curbing youth risk-taking and juvenile delinquency.

Please email with your acceptance and/or availability to participate in this research study. If you should have additional questions you may contact my Committee Chair Dr.

Tamara Mouras.

Thank you in advance for your time and consideration to participate.

Audrey D. Davis
PhD Candidate, Walden University

Appendix B: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Name of Signer:

During the course of my activity in collecting data for this research: “Effects of Intervention and Prevention Programs on Youth Risk-Taking Behavior in Monroe County”. I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature:**Date:**

Appendix C: Research Interview Questions

1. What is your job title and responsibilities?
2. Describe your experience, observations, and/or knowledge surrounding intervention and prevention programs as it relates to curbing youth risk-taking behavior and juvenile delinquency.
3. How are the personnel in your intervention and prevention programs trained to identify/recognize potential factors of youth risk-taking behavior and juvenile delinquency?
4. What is your role in creating and implementing intervention and prevention programs? How often are these programs developed and implemented? What is the most common reason for developing and implementing intervention and prevention programs?
5. How many intervention and prevention programs does your organization provide to youth? Describe the current intervention and preventions programs.
6. What do you believe are the major assets of the intervention and preventions programs offered by your organization? What are some areas that could be improved upon given your professional perspective?
7. How does your organization assess the effectiveness of intervention and prevention programs?
8. What programs are the most ineffective in curbing youth risk-taking behavior and juvenile delinquency? Why?
9. Has your organization discontinued intervention and prevention programs? Why? How often?
10. What impact has discontinuing these programs had on curbing youth risk taking behavior and juvenile delinquency? Please provide specific examples.
11. Based on your observation, did the researcher demonstrate biases in the questioning during the interview?
12. What new methods should be used to replace discontinued intervention and prevention programs?

13. Is there anything we have not discussed that you would like to add about intervention and prevention programs (in general) and/or youth risk-taking behavior and juvenile delinquency?