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The Effect of Risk Factors on Recidivism Among Juveniles From the Perspectives of Juvenile Justice Professionals

Diana R. Clarke
Walden University

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Walden University

College of Social and Behavioral Sciences

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Diana Clarke

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Review Committee

Dr. Karel Kurst-Swanger, Committee Chairperson,
Public Policy and Administration Faculty

Dr. David Kilmnick, Committee Member,
Public Policy and Administration Faculty

Dr. Tanya Settles, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

The Effect of Risk Factors on Recidivism Among Juveniles From the Perspectives of
Juvenile Justice Professionals

by

Diana R. Clarke

MS, Public Administration, University of Phoenix, 2008

BS, Business Administration, Webber International University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

August 2017

Abstract

Within the Florida Department of Juvenile Justice system, juvenile delinquency referrals have decreased, yet at the same time, juvenile recidivism rates continue to challenge policy makers. Using Hirschi's social learning theory as the foundation, the purpose of this descriptive phenomenological study was to examine the perceptions of juvenile justice professionals about their experiences with youthful offenders in order to determine the causes of juvenile recidivism. Data came from in-depth interviews with 9 participants including state attorneys, judges, and mental health counselors from within the central region of the state of Florida. Data were analyzed and coded using Colaizzi's method. Two primary themes emerged from the analysis of data: First, participants perceived that the influence of peers and factors such as environment, family criminal and mental health history, substance and abuse, truancy have a significant effect on juvenile recidivism. Second, participants perceived that parent bonding is the most important factor in reducing recidivism among juveniles aged 17 and 18 years old. The positive social change implications of this study include recommendations to the Florida Department of Juvenile Justice to implement, modify, and improve services and policy to reduce recidivism for juveniles aged 17 and 18 years old. This implementation, modification, and improvement may reduce recidivism among this subgroup of juvenile delinquents and may reduce the number of young adults entering the criminal justice system.

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Dedications

This journey is dedicated to my Lord and Savior, who is the head of my life. Without Him, this would not have been possible. My late father, Hector Clarke, who I met at the age of 16, though I spent a very short period of time with him, he inspired me to achieve the highest level of education, and I have kept my promise. My mother, Mrs. Hilda Wright, you struggled and fought tirelessly so that my siblings and myself could have a more successful life. My daughter, Tiffanie Clarke: I started this journey when you were only 17, yet you assumed the motherly role to your brothers, giving me the opportunity to attend my first three residencies. My sons, Tevaris Clarke and Tavius Darthard, you guys are beyond awesome, assisting yourselves while I had to study and attend the final residency. Tiffanie, Tevaris, and Tavius, you are my inspiration and motivation. To God be the glory, great things He hath done.

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Chapter 1: Introduction to the Study

Introduction

Juvenile recidivism rates continue to increase throughout the Florida Department of Juvenile Justice (FDJJ) system. Although juvenile arrests have decreased, juvenile reoffending has increased, as more than half of the juveniles who are on probation are repeat offenders. More than 31 million juveniles are supervised by juvenile courts (Puzzanchera, Adams, & Sickmund, 2010). Some offenders do not commit crimes because they are criminal minded but because of the influences of contributing factors such as substance abuse and mental health issues (Puzzanchera et al., 2010). For example, if a juvenile has a problem with substance abuse, the juvenile may commit a crime to support his or her substance use (Nadeau, 2007).

McCaffery (2011) reported that for the 2010-2011 fiscal 29,615 youths were on probation in the State of Florida. Probation is ordered by the court in cases involving a youth who has committed a delinquent act. Of the 29,615 youths that were on probation, Blacks accounted for 33% of the males and 10% of the females, Hispanics 12% of males and 3% of females, and Whites were 30% of males and 10% of females. Their ages ranged from 8 to 18 years, with ages 12-14 years the highest with 21%. Of the 17,422 juveniles who were released from probation, 13,026 completed with a recidivism rate of 19% (McCaffrey, 2011). Florida arrest rates have decreased from 76 delinquency arrests per 1,000 juveniles during the fiscal years (FY) 2007-2008 to 25 delinquency arrests for every 1,000 juveniles during FY 2011-2012, recidivism rates show to be 19% (McCaffery, 2011).

Research has been conducted on risk factors for recidivism in juvenile offenders in general. Criminality of parents, especially fathers, substance abuse, and age of first offense are all risk factors for juvenile delinquency and juvenile recidivism (Ang & Huan, 2008; Cardoso, 2012; Hoeve et al., 2009; McGregor, Gately, Kraemer, & Blaginin, 2008; Nijhof, DeKemp, & Engels, 2009). Researchers also found that peer group factors, such as peer rejection or peer deviance, were influential (Cardoso, 2012). Stahlberg, Anckarsäter, and Nilsson (2010) found a disproportionate prevalence of mental illnesses among youths in the juvenile justice system compared to youths of the same age who were not in the juvenile justice system. Researchers also identified current educational background as a risk factor for juvenile delinquency and juvenile recidivism. Youths who end up in the juvenile system often come from inadequate school systems, and the percentage of youths with learning disabilities is as high as 40% (Grigorenko et al., 2013).

Various researchers have examined these predictive factors for juvenile recidivism; however, these risk factors have not been explored in terms of how they relate to recidivism in the subgroup of offenders aged 17 and 18 years from juvenile justice professionals' perspectives. Therefore, in this study I have explored how these established risk factors relate to juvenile recidivists aged 17 and 18 years from juvenile justice professionals' perspectives. Van der Put et al. (2010) posited that risk factors decrease as juveniles grow older. More knowledge about these offenders is needed. According to the Bureau of Justice Statistics, in 2010, 5,647 new court commitments to the adult state prison system involved youths younger than 18 years of age at the time of

admission (Minton, 2013). As a result, focusing on intervention is important for this age group because interventions could reduce juvenile recidivism and lower the percentage of juveniles entering the adult system. The results of this study could assist policy makers in implementing and modifying treatment and prevention programs to provide treatment based on individual needs. This study is necessary because the results may provide a more in depth understanding on how these risk factors relate to juvenile recidivism and what can be done to counteract these risk factors.

To date, the majority of research has been conducted on juvenile risk factors for juvenile delinquency; however, understanding juvenile justice professionals, which may include juvenile judges, assistant state attorneys, mental health counselors, and juvenile probation officers' perceptions on how these risk factors relate to their recidivism is missing in the literature. This chapter presents the background of the study, statement of the problem, purpose of the study, research questions, conceptual framework, nature of the study, and definition of terms used. In this chapter, I also discuss the assumptions, limitations, significance, and scope of the study. I provide a summary of the chapter.

Background

A number of researchers have identified risk factors for recidivism in juvenile offenders; however, there is a deficiency of understanding how these risk factors relate to recidivism in offenders aged 17 and 18 years. There is also a deficiency in literature on how these risk factors relate to juvenile recidivism from the perceptions of professionals, such as juvenile judges, assistant state attorneys, mental health counselors, and juvenile probation officers who are currently working with juvenile delinquents. By conducting

this research, I sought to close the gap in the social science literature by exploring perceptions of juvenile justice professionals who are currently working with or have worked closely with juvenile delinquents. Previous researchers have addressed professionals' perspectives on collaboration for juvenile offenders with mental health and causes and prevention (e.g., Dehdarzadeh, Sadeghi, Sabet, & Ashori, 2014; Schwalbe & Maschi, 2012); however, how these risk factors relate to recidivism in offenders aged 17 and 18 years from the perceptions of professionals has not been adequately studied.

The first risk factor is family criminal history. Parents are the child's first teacher. In other words, whether the lessons taught are negative or positive, the effect of those teachings could have long-term effects on that child. Negative family factors may interact with other criminogenic predictors; this combined predictive influence is more powerful in a child's life (Petrosino, Derzon, & Lavenberg, 2009). Father criminality in particular is one risk factor for juvenile recidivism. Nijohf et al. (2009) found that parent criminality was a primarily risk factor for children between the ages of 8 and 10. The study also found that of all boys with criminal fathers, 49% already had a police record compared to 18% of the boys without a criminal father.

The second risk factor is mental health disorder. Youths' disruptive or inappropriate behavior may be the result of a symptom of a mental health disorder that has gone undetected and untreated (Skowkra & Coccozza, 2007). Mental health disorders are high among juvenile delinquents and affect more than half the juvenile population (Welch-Brewer, Stoddard-Dare, & Mallett, 2011). Welch-Brewer et al. (2011) established that 40 to 70% of juveniles involved in the juvenile justice system are

affected by a mental health disorder. Mental health disorders were a significant predictor of the number of probation services (Welch-Brewer et al., 2011).

The third risk factor is substance abuse. Substance abuse often increases recidivism and reflects a deeper involvement in the juvenile justice system. Tripodi and Bender (2011) discovered that males with substance abuse disorder had 1.8 more court offenses than males without a substance abuse disorder. Juveniles who habitually abuse substances are at a higher risk of engaging in prolonged substance use, deviance, and delinquency. The need to support substance abuse also motivates the juvenile to offend (Welch-Brewer et al., 2011). Juvenile offenses that occurred early in adolescence were a key predictor of excessive drug use in early adulthood (Wiesner, Capaldi, & Kim, 2005). Wiesner et al. (2005) also found that early delinquent behavior was closely related to the subsequent use of drugs.

The fourth risk factor is academic achievement. School performance and behavior are two of the most researched factors regarding delinquency (Hirschfield & Gasper, 2011). Poor school achievement by the end of elementary school can result in future delinquent behavior. Juveniles who are more educationally committed are less likely to be involved in juvenile delinquency (Hoffmann & Dufur, 2008). Negative academic attitudes, teacher-student conflict, and poor academic performance predict more delinquent behavior (Grigorenko et al., 2013).

The fifth risk factor is peer influence. One major influence on juvenile delinquency is deviant peer affiliation in which many juveniles are considered vulnerable because they are easily influenced to become involved with delinquent behavior

(Vitulano, Fite, & Rathert, 2010). Juveniles often select peers based on prior similarities with important attributes and behaviors and peers can influence and encourage other juveniles to engage in similar behavior, including delinquency (Vitulano et al., 2010). Peers who are antisocial may foster deviant behavior through direct peer pressure or deviancy training (Deutsch, Crockett, Wolff, & Russell, 2012). Direct peer pressure can also establish social norms that encourage antisocial behavior towards each other (Deutsch et al., 2012).

The sixth risk factor is age at first offense. More than three quarters of offenders in jail had prior offenses (Hammond, 2007). Bacon, Paternoster, and Brame (2009) identified a correlation between the age of initial involvement and onset of criminal offending and future delinquent behavior. According to Cardoso (2012), early age is a crucial risk factor for juvenile recidivism. In other words, the earlier the age at which a juvenile offends, the more likely the juvenile's delinquent behavior will become chronic and lead to recidivism (Cardoso, 2012). Nearly half of the delinquents showed evidence of maladaptation before their 8th year and another two fifths before their 11th year (Bacon et al., 2009). Delinquent youths are two to three times more likely to become serious, violent, and chronic offenders than adolescents whose delinquent behavior begins at an early age (Vitulano et al., 2010). Smith and Jones (2008) and Ang and Huan (2008) examined age and juvenile crime and found an association between younger age of criminal onset and the likelihood of repeat offending. In contrast, Vignaendra and Fitzgerald (2006) examined adolescents aged 10 to 13, 14 to 15, and 16 and older and found that the age group of 16 and older were not only more likely to recidivate than

adolescents aged 10 to 13 but also reoffended more frequently than their younger counterparts. Veysey and Hamilton (2007) also found that older age regardless of gender had a positive association with recidivism. Van der Put et al. (2011) found that an increase in the number of juveniles with recidivism was found as age increased in the area of school and relationships. Van der Put et al. also showed that problems occur more often as juveniles grow older. However, the investigation did not include if the results also applied to different types of recidivism, different types of ethnic groups, and different socioeconomic levels. Cardoso (2012) listed and described risk factors for juveniles using academic research and testimonies from professionals in the field; however, the juveniles' perceptions were not captured. The investigation did not specify if the sample was juvenile recidivists. As a whole, the purpose of describing and identifying these paradigms is missing in the literature.

Conversely, previous researchers indicated that risk factors do have negative influences on juvenile delinquency and juvenile recidivism. For example, negative family factors may interact with other criminogenic predictors and this combined predictive influence is more powerful in a child's life (Petrosina et al., 2009). According to Loeber, Farrington, Stouthamer-Loeber, and White (2008), a boy's criminal conviction can be predicated on a convicted parent or sibling. Father criminality in particular has been considered as one risk factor for juvenile recidivism. In a sample of 411 boys, Nijhof et al. (2009) found that parent criminality was primarily a risk factor for children between ages 8-10 years. Of all boys who had fathers with a criminal past, 49% already had a police record compared to 18% of the boys whose fathers had no criminal past.

Mental health disorders are high among juvenile delinquents and affect more than half the juvenile population (Welch-Brewer et al., 2011). Welch-Brewer et al. (2011) showed that 40 to 70% of juveniles involved in the juvenile justice system are affected by a mental health disorder. Mental health disorders were a significant predictor of the number of probation services. Poor school achievement by the end of elementary school can result in future delinquent behavior. Juveniles who are more educationally committed are less likely to be involved in juvenile delinquency (Blomberg, Bales, & Piquero, 2012). Negative academic attitudes, teacher-student conflict, and poor academic performance predict more delinquent behavior (Grigorenko et al., 2013). Peers who are antisocial may foster deviant behavior through direct peer pressure or deviancy training (Deutsch et al., 2012). Direct peer pressure can also establish social norms that encourage antisocial behavior towards each other (Deutsch et al., 2012). Bacon et al. (2009) identified a correlation between the age of initial involvement or that of onset of criminal offending and future delinquent behavior.

Prior researchers have taken the quantitative approach to find the correlation between risk factors like family criminal history, mental health disorders, substance abuse, peer influence, poor academic performance and age of arrest, and juvenile delinquency (e.g., Ang & Huan, 2008; Bacon et al., 2009; Becker, Kerig, Lim, & Ezechukwu, 2012; Colins et al., 2011; Khajehnoori, Ahmadi, & Keshavarzi, 2013; Thompson & Morris, 2013; Veysey & Hamilton, 2007). Moreover, there is a need to understand how family, mental disorders, substance abuse, peer influence, academic achievement, and age of first arrest relate to juvenile recidivism. Though ample research

has been conducted that identified risk factors that contribute to juvenile delinquency, these studies have not explored how these factors relate to offenders aged 17 and 18 years, nor have these studies explored these factors from the perspectives of juvenile justice professionals. Loeber et al. (2008) demonstrated with their developmental model of onset, accumulation, and continuity of risk factors that the extent to which children are exposed to risk factors increases as they grow older, peaks during adolescence, and then decreases in early adulthood. Exposure in early childhood is restricted to individual and family factors. Friend and school factors are added in middle childhood, and community and work-related factors are added in adolescence.

Problem Statement

The problem addressed in this research is the high recidivism rate among juveniles within the FDJJ. Though juvenile delinquency referrals have decreased, the recidivism rate among juveniles continues to increase. The FDIJ (2012) noted a 3-year trend that showed that the number of probation cases has decreased; however, the recidivism rate did not.

Following a 3-year trend, according to the McCaffrey (2011), 19,187 youths were released from probation, with a completion of 85% (15,876) and a recidivism rate of 19%. Records for the 2010-2011 fiscal years reported that more than 29,615 youths served on probation in the State of Florida. Of those 29,615 youths, 20,073 were released, and 75% (14,984) completed with a recidivism rate of 19% (McCaffrey, 2011). For the 2011-2012 fiscal year, 17,422 youths were released from probation with a completion of 75% (13,026) and a recidivism rate of 19% (Strange,

2012). Although the number of probation cases decreased over 3 years between FY 2010-2011 and FY 2011-2012, the recidivism rate did not decrease.

To understand this social issue, the present research focused on using a qualitative phenomenological study to examine the perspectives of juvenile justice professionals on the effect of established risk factors, such as family criminality, mental health disorders, substance abuse, school experiences, peer influence, and age of first offense on juvenile recidivists aged 17 and 18 years. Juvenile justice professionals such as judges, assistant state attorneys, mental health counselors, and juvenile probation officers who are currently working with juvenile delinquents bring a wealth of expertise and resources that can provide insight into the risk factors for recidivism among juvenile delinquents aged 17 and 18 and how to reduce recidivism. I used the social bond theory and social learning theory to test the risk factors and their effect on recidivism among juvenile delinquents aged 17 and 18 years from the perspectives of juvenile professionals and identify strategies to counteract these risk factors.

Purpose of the Study

The purpose of this qualitative phenomenological study was to examine and understand the effect of the risk factors that cause juvenile offenders to recidivate from the perceptions of juvenile justice professionals. The goal of a qualitative researcher is to explore an issue in depth and to better understand the perspectives of individuals who have a real connection to the issue (Patton, 2002). Phenomenology is a research methodology that involves an approach of removal from the world and a willingness to

discard other existing theories and beliefs (Tavallaei & Talib, 2010) that generate concepts and construction. In this study, I employed a descriptive Husserlian phenomenological strategy. The Husserlian approach aims to understand the structure of experiences as described by research participants. Edmund Husserl uncovered and described the basic structure of the life world emphasizing the description of a person's experience (Moustakas, 1994). Husserlian phenomenology, because of its descriptive orientation, was best suited for this study. Husserl's phenomenological inquiry is applicable to describe and illuminate the meanings and perspectives of the research participants.

The theoretical frameworks for this research are the social learning and social bond theories. The phenomenon in question is juvenile justice professionals' perceptions of recidivism risk factors and what can be done to counteract these risk factors. I used interviews with open-ended questions that allowed the respondents the control to provide responses and comments in an efficient manner. I provided the respondents a copy of the transcripts for review and the accuracy of responses. I audiotaped and recorded the information from the interview by making handwritten notes. I used additional subquestions as needed.

Qualitative research designs usually do not require the use of null and alternate hypotheses that address variables and statistical analysis (Creswell, 2013). For the goal of qualitative research, a foundational text offers a broad sense that carries out the essence of the study. Creswell (2012) recommended that qualitative researchers use one or two foundational questions but no more than five to seven related questions.

Foundational and related questions should be an open inquiry. Creswell suggested that qualitatively aimed words such as *what* and *how* be used. The use of these words at the beginning of the foundational question helps prepare for a more extensive research design by eliciting data through a more flexible approach. Phenomenology allows for an experience based inquiry and qualitative research questions. Data collection during the qualitative interviews and descriptions delivers understanding of the phenomena and allows extrapolating answers to similar responses in which the respondent's experiences will be assessed and analyzed (Patton, 2001). In Chapter 3, I provide a more detailed discussion of the research method.

Research Questions

The foundational questions that guided this research were (a) to what extent do the risk factors of family criminality, mental health disorders, substance abuse, school experiences, peer influence, and age of first offense contribute to juvenile recidivism? and (b) what can be done to counteract these risk factors from the juvenile justice professionals' perspective? The subquestions were:

1. How are sources of modeling and imitating aggressive behaviors (i.e., parents, other family, peers) likely to influence recidivism by juvenile offenders aged 17 and 18 years as perceived by juvenile justice professionals?

2. How do the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile offenders aged 17 and 18 years predict the likelihood of juvenile recidivism as perceived by juvenile justice professionals?

3. Which of the risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professionals?

Theoretical Foundation

Bandura's (1977) social learning theory and Hirschi's (1969) social bond theory have strong explanatory power relative to juvenile delinquency. Bandura's (1977, 1997) social learning theory posits that modeling and imitating aggressive behavior are learned. The theory focuses on the notion that negative behaviors are learned through imitating others such as parents. According to social learning theory, parents are the first teachers or role models from whom children acquire their behaviors and from which their initial set of beliefs and principles are formed (Bandura, 1977).

Hirschi (1969) began with a fundamental premise that all criminal behavior requires, in some form, the creation of criminal motivation. Hirschi believed that everyone, beginning at birth, possesses the hedonistic drive to act in the kinds of selfish and aggressive ways that lead to criminal behavior. Hirschi held that the bonds people form with prosocial values, other people, and institutions control behaviors when they are tempted to engage in criminal or deviant acts. Hirschi's four bonds are attachment, commitment, involvement, and belief. Attachment refers to the level of psychological affection one has for prosocial institutions, such as school and parents. Hirschi argued that positive parent-child attachment or affection ties reduce the likelihood for the child to become delinquent. Commitment refers to the valued social relationships one does not want to risk jeopardizing. Involvement refers to how people spend their time. For example, if juveniles are engaged in extracurricular activities, there would be less time to

get involved with delinquent acts. Belief refers to the personal embrace of the moral perception that inhibits one's choice.

Pratt et al.'s (2010) meta-analysis of the empirical literature on social learning theory and juvenile delinquency found varying degrees of relationships to measures of differential association, definitions, differential reinforcement, and imitation. As expected, these variances were influenced by particular research designs. Katsiyannis, Ryan, Zhang, and Spann (2008) noted that Hirschi's (1969) social bond theory is based on the assumption that social bonds that include attachment to others and to social institutions, such as school, and a belief in conventional values and norms can prevent children from becoming delinquent.

Bandura's social learning theory and Hirschi's social bond theory are appropriate frameworks because they explain that deviance is learned through interaction with others. The theories also explain that if people have a strong association with delinquent peers or deviant parents, they can be influenced to commit criminal acts. Thus, if the juveniles in this study have strong associations with their delinquent peers and criminal parents, their behavior can be influenced and affect juvenile recidivism. The theories are also suitable for explaining initial acts of delinquency. If the juveniles have weakened social controls, there could be an increase in opportunities for associating with delinquent peers, becoming involved with substance use, and lack of interest in obtaining education, which could increase juvenile recidivism. In Chapter 2, I provide a more detailed discussion of social learning theory and social bond theory.

Nature of Study

In this study, I used a qualitative phenomenological approach. I used an in depth analysis on the perceptions of juvenile justice professionals who are currently working with juvenile delinquents of the influence of factors such as family criminality, mental health disorder, substance abuse, school experiences, peer influence, and age of first offense on juvenile delinquency. These factors are relevant because in the context of social learning theory and social bonding theory, they influence behaviors. I designed an interview guide and protocol to collect data pertinent to these risk factors for juvenile recidivism from the perspective of the professionals who currently work with juvenile delinquents.

I recruited a sample of nine juvenile justice professionals (juvenile judges, attorneys, juvenile probation officers, and mental health counselors) through the FJJA. I analyzed the data by identifying descriptive themes based on the responses gathered from interviews of juvenile justice professionals who currently work or have worked with juvenile delinquents. Once interpreted, I discussed the values in terms of the juvenile justice professionals' individual, collective, and aggregated meaning of the risk factors contributing to juvenile recidivism. I used the NVivo 2011 program to analyze, code, and categorize the qualitative data.

Trochim and Donnelly (2007) explained that using qualitative methodologies provides a rich, robust, and multilayered account of the participants' experiences. Trustworthiness is determined by reliability, transferability, dependability, and conformability. Credibility is also established through member checking, that is, sending participants their record for review and verification. Merriam (1998) posited

that data collection and analysis should be a simultaneous process in qualitative research. Data analysis in qualitative research consists of classifying things, persons, events, and the properties that represent them. Moreover, from the experiences, knowledge, and perceptions of the professionals dealing with the issue of recidivism, I constructed the framework to address the gap in literature in the current research. Husserl investigated and described the basic structure of humanity's life world emphasizing the description of a person's experience (Moustakas, 1994). Because of its descriptive orientation, Husserlian phenomenology was best suited for this study. The phenomenon in question was juvenile justice professionals' perceptions of recidivism risk factors and what can be done to counteract these risk factors. Through the phenomenological study process, consistent thematic review resulted in the conceptual framework detailing the risk factors of juvenile recidivism.

Definition of Terms

To clarify the terms as they are used in this study, the following definitions are provided.

Juvenile delinquent: A person under the age of 18 who commits an act that would have been charged as a crime if they were adults. In the Florida juvenile justice system, the juvenile courts handle cases until the juvenile's 19th birthday or until the court order is fulfilled (FDJJ, 2012).

Juvenile recidivism: Measured by criminal acts, such as new law violations, both misdemeanor and felony offenses. These criminal acts could result in re-arrest, reconviction, or return to juvenile detention facilities with or without a new sentence

during the period when new crimes were committed (Looman & Abracen, 2010).

Probation: A mechanism used by the juvenile justice agencies. It is a form of sentencing that allows the juvenile to serve his or sentence in the community under supervision of the probation officer. When probation is imposed, the court can either withhold adjudication or adjudicate the juvenile as a juvenile delinquent (FDJJ, 2011).

Risk factors: Variables such as family, poor education, substance abuse, age of first offense, peer influence, and mental health disorders that predict a high probability of later offending (Farrington, Loeber, & Ttofi, 2012).

Substance abuse: A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substance (American Psychiatric Association [APA], 2000).

Assumptions, Limitations, Scope, and Delimitations

I assumed the following:

- The juvenile justice professionals' perspectives will provide important insights into the lives of the juveniles with whom they work or have worked.
- The open-ended probing interview questions will enable juvenile justice professionals to express their thoughts and experiences concerning risk factors of recidivism.
- The opened-ended interview questions will produce themes, categories, and concepts.

The study was limited to juvenile justice professionals only from the central region of the State of Florida. The juvenile justice professionals may or may not have

provided an accurate assessment of their perceptions, experiences, and knowledge; rather, they may have answered according to what they believed the correct answer should be. Another limitation was that this study did not include the voices of the juveniles who have experienced recidivism. Another limitation of the study was my concern with my neutrality during the study. Researchers are obliged to carefully reflect on, deal with, and report potential sources of bias and error. I anticipated that purposeful sampling would be appropriate to address criteria on limitation.

I remained neutral gathering descriptive accounts from respondents regarding their knowledge of juvenile recidivism. I was interested in identifying underlying commonalities and patterns and presenting results to the study respondents. I was available to respondents. I adapted interest, questions, respondents' commentaries, tone, and preconceived notions and biases regarding the phenomenon. I collected the data in this study from a homogenous sampling group; therefore, the results did not generalize to all juvenile offenders, as the data collected was from juvenile justice professionals in only one area of the United States.

Significance of the Study

Identifying the risk factors for juvenile recidivism is the first step in effecting positive social change. This phenomenological study described juvenile justice professionals' descriptions of their experiences working with juveniles and risk factors that they believe cause recidivism. The results from this study filled the gap in the literature about underlying risk factors for juvenile recidivism among juvenile

recidivists aged 17 and 18 years and offered prevention strategies that could be implemented to counteract these risk factors.

Summary

Researchers have indicated that juvenile recidivism is a continuous problem within the FDJJ. Though the number of juvenile referrals has decreased, juvenile recidivism has not. Researchers also indicated various risk factors that influence juvenile delinquency and juvenile recidivism (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2003). These risk factors include, but are not limited to family, peer group, school environment, neighborhood, and substance abuse and mental health issues (OJJDP, 2003).

In Chapter 1, I provided detailed information of the following sections: introduction, background, problem statement, purpose of the study, research questions, nature of study, theoretical framework, definition of terms, assumptions, limitations, significance of the study, the scope of the study, and summary. In Chapter 2, I focus on and provide a comprehensive review of the literature about juvenile offenders' delinquency and recidivism. I discuss the risk factors of family criminal history, mental health disorder, substance abuse, lack of education, peer influence, and age of first offense. In Chapter 3, I describe the methodology that was used to conduct the present study.

Chapter 2: Literature Review

Introduction

A vast amount of research on juvenile delinquency exists, and researchers have identified various risk factors that contribute to juvenile delinquency. Though juvenile referrals have decreased, juvenile recidivism continues to increase. The comprehensive literature review explored risk factors that contribute to juvenile recidivism, specifically family criminality, mental health disorders, substance abuse, school experiences, peer influence, and age of first offense.

Literature Search Strategy

The review of literature consists of articles retrieved from various online search engines such as Academic Search Premier, Criminal Justice Periodicals, National Center for Mental Health and Juvenile Justice (NCMHJJ), ProQuest, PsycARTICLES, and SAGE Premier. Key words used to conduct research are *juvenile delinquents*, *juvenile delinquency*, *juvenile recidivism*, *substance abuse and juvenile recidivism*, *age of arrest*, *juvenile delinquency and recidivism*, *risk factors for juvenile delinquency*, *academic performance and juvenile crime*, *mental health disorders and juvenile and deviant behavior*, and *juvenile crime and perceptions of juvenile professionals*.

Theoretical Foundation

Bandura's social learning theory and Hirschi's social bond theory are among a number of theories that explain juvenile delinquency. I discuss these theories and their relationship to juvenile delinquency in detail in this section.

Bandura's (1977) social learning theory emphasizes that human behavior is learned by observing and modeling the behaviors, attitudes, and emotional reactions of others. Bandura explained social learning theory and human behavior as a continuous reciprocal interaction between cognitive, behavioral, and environmental influences. In addition, learning is observational and develops by imitating models. Further, persons imitate actions that result in rewards and avoidance behaviors that elicit a negative response.

Furthermore, Bandura and Ribes-Inesla (1976) posited that social learning theory has a prominent place in the study of criminal behavior. They argued that one's environmental experience influences the social learning of violence in children. Bandura and Ribes-Inesla noted that peers could be responsible for a juvenile's delinquent behavior because juveniles spend most of their time with their peers. If the juveniles have not received proper guidance from their parents, then the influence from their peers can lead to delinquent behaviors (Bandura & Ribes-Inesla, 1976).

In addition to Bandura and Ribes-Inesla's and Bandura's views on social learning theory, Akers (1994) posited that social learning theory has also been used to explain crime and criminality. Akers (1994) embraced Sutherland's proposition on social learning theory that crime is learned through social interaction. Akers' (1994) social learning theory core constructs are (a) differential association, (b) definitions, (c) differential reinforcement, and (d) imitation. Differential association is behavioral-interactive, whereby deviance occurs when individuals associate either directly or indirectly with others who engage in deviant behaviors. The timing, length, frequency,

and nature of the contact are important determinants of behavior. Early associations with family would play an important role in shaping an individual's behavior (Akers, 1994). Definitions are an individual's own values and attitudes about what is and is not acceptable behavior and are learned and reinforced through differential association (Pratt et al., 2010). The conception of definitions is based on the individual's values and attitudes toward acceptable behavior. Differential reinforcement is the process by which individuals' actions are partially determined by what they perceive the consequences of their action or lack of action will be; that is, whether they will receive positive or negative reinforcement, either directly or indirectly (Akers, 1994). The most important reinforcements tend to be those resulting from interactions between family members and peers (Akers & Jennings, 2009). According to the concept of imitation, individuals engage in behavior that they have previously witnessed others doing. Imitation occurs when an individual engages in behavior that is modeled or follows the observation of another individual's behavior and this imitation can be direct or indirect (Akers & Jennings, 2009).

Numerous studies of social learning theory as it relates to the concepts of differential association, definitions, differential reinforcement, and imitation and behavior have been conducted (see Cullen, Wright, Gendreau, & Andrews, 2011; Mennis & Harris, 2011; Pratt et al., 2010). How associations with family and peers affect behaviors has received considerable attention (e.g., Kjellstrand & Eddy, 2011; Nijhof et al., 2009). Researchers have also applied these concepts to juvenile delinquency. Estevez, Emler, and Wood (2009) found that the quality of relationships

between juveniles and their parents, together with parenting skills, are central areas of importance. Juveniles who have negative relationships with their parents are more likely to be involved in delinquent activities (Estevez et al., 2009). Akers and Sellers (2009) explained that persons who are more exposed to criminal or deviant models are more likely to imitate criminal or deviant behavior and expect reward rather than punishment for the behavior.

Where social learning theory is concerned with how one's environment influences criminality, Hirschi's (1969) social bonding theory is concerned specifically with juvenile delinquency and has become one of the most influential and widely tested perspectives on juvenile delinquency in the field of criminology (Cullen & Agnew, 2010; Peterson, Lee, Henninger, & Cubellis, 2014). Hirschi's theory posits that delinquent behavior is a result of a weakened or broken social bond. These social bonds include attachment to others and social institutions, such as school, and a belief in conventional values and norms that prevent individuals from engaging in crime. Hirschi argued that children's attachment to parents deters antisocial behavior, because children who are close to their parents imagine their parents' reactions to misconduct when temptation arises. Kjellstand and Eddy (2012) and Nijhof et al. (2009) supported this argument and found that the bonds children have with their parents and schools discourage delinquency during adolescence.

Moreover, Cusick, Havlicek, and Courtney (2012) explored how social bonds are related to the risk of arrest during adulthood in a sample of foster youths ($n = 728$) between the ages of 17 and 18 years in three states—Illinois, Wisconsin, and Iowa—at

the onset of the transition to adulthood. Data in this quantitative longitudinal study were gathered from baseline interviews and official arrest records. Arrest records were chosen because arrest data were deemed a more proximate measure of criminal behavior than conviction data and were also more complete than conviction data, thus providing more reliable measurement. Likewise, Cusick et al. (2012) found that 46% of former foster youths experienced an arrest and that these arrests were evenly distributed across drug, nonviolent, and violent crimes. They also found that bonds to education were associated with a lower risk for arrest. However, a weakness of this study was that the findings did not support closeness of social bonds to biological parents or caregivers and how that leads to a lower risk for arrest (Cusick et al., 2012).

Peterson et al. (2014) used longitudinal panel analyses to examine the influence of nine measures of social bonding on delinquent behavior (attachment to teacher, attachment to parent, parental supervision, attachment to peer, commitment to school, GPA, involvement in school, belief in school, and belief in norms). The findings indicated that peer delinquency significantly increases delinquent behavior. The study results also showed that students who study harder for school are less likely to engage in delinquent behavior, and it was also indicated that many social bond measures were significantly associated with a decrease in frequency of delinquent acts (Peterson et al., 2014).

Bandura's social learning theory and Hirschi's social bond theory have strong explanatory power relative to juvenile delinquency. Individuals learn from interaction with groups in their lives and normative attitudes toward certain behavior as good, bad,

right, or wrong (Akers et al., 1989). If the individual perceives behavior as positive or justified, the more likely an individual will engage in that behavior. For example, if a juvenile is surrounded by family members who have a history of criminal activities, and deviant peers, the juvenile is likely to imitate and adopt his or her family's criminal behaviors and his or her deviant peers' delinquent activities.

Likewise, social bond theory states if bonds that include attachment to others and social institutions such as school and a belief in conventional values and norms are weak, then juveniles are more likely to become delinquent. If juveniles do not value education and perform poorly academically, their poor academic performance can result in delinquent behaviors. According to Hirschi (1969), when values are more important to someone, it is less likely he or she will participate in delinquent activities. Hirschi also suggested that school represents opportunities for students to become involved and committed in socially appropriate activities that will reduce or prohibit participation in delinquent acts.

An aim of this study was to test Bandura's social learning theory and Hirschi's social bond theory on risk factors and their effect on juvenile recidivism among juvenile delinquent aged 17 and 18 years from the perspective of juvenile justice professionals and identify strategies to counteract these risk factors. Bandura's social learning theory posits that parents are the first teachers or role models from whom children acquire their behaviors and from which their initial set of beliefs and principles and that both positive and negative behaviors are learned through imitating others. Hirschi's social bond theory assumes that social bonds that include attachment

to others, social institutions such as school, and a belief in conventional values and norms can prevent children from becoming delinquent. However, how social learning theory and social bond theory explain recidivism among juvenile delinquents requires further exploration on how these bonds, if present among juvenile delinquents, can reduce recidivism from the perspectives of the juvenile justice professionals. I discuss the nature of recidivism in the section that follows.

Recidivism

Based on previous studies, there are various definitions for recidivism. Recidivism is the commission of an offense by a person already known to have committed at least one other offense (Harris, Lockwood, Mengers, & Stoodley, 2011; Przybylski, 2008). Nadeau (2007) defined recidivism as repeated undesirable behavior by persons after they have either experienced negative consequences of that behavior or have been treated or trained to extinguish that behavior. Serious recidivism is defined as having at least one arrest charge for violent, severe property crime, or a substance-related offense (Colins et al., 2011).

Recidivism studies are common ways of measuring the effectiveness of the various criminal justice programs and interventions. Reoffending is also a major overall performance indicator for the criminal justice system (Skeem, Manchak, & Peterson, 2011). Recidivism, according to Heretick and Russell (2013), can be classified as prerelease recidivism and postrelease recidivism. Prerelease recidivism occurs when an individual is on probation who is adjudicated for or convicted of a felony or misdemeanor, or commits a technical violation relating to a criminal offense while

under supervision in a criminal justice program. Conversely, postrelease recidivism occurs when an individual is arrested for a felony or misdemeanor within 1 year of termination from program placement for a criminal offense (Heretick & Russell, 2013). Juvenile recidivism is obtaining a new delinquent adjudication within 12 months after the youth's completed conference (Thompson & Morris, 2013). Thus, juvenile recidivism can be a more serious form of delinquency because of the persistence of criminal behavior (van Dam, Bruyn, & Janssens, 2007).

The most three common ways are rearrest, reconviction, and incarceration. The Virginia Department of Juvenile Justice (VDJJ, 2016) defined rearrest as a juvenile complaint made at intake for a new delinquent offense. Reconviction is defined as a guilty adjudication or conviction for a delinquent act or criminal offense. Incarceration is returning to a juvenile commitment facility after being released. Trulson, Marquart, Mullings, and Caeti (2005) examined the recidivism outcomes of a sample of 2,436 delinquents who were released from the State of Texas state juvenile facilities and found that delinquents who were categorized as institutional dangers while incarcerated had significantly higher odds of being rearrested during a 5-year period post-release.

The most used measurement of juvenile recidivism within juvenile justice system is occurrences of rearrest (Harris et al., 2011). However, using rearrest to measure juvenile recidivism can be invalid, as not all juvenile crimes result in an arrest. Some juvenile crimes can result in filing a complaint affidavit without an actual arrest (Harris et al., 2011). As a result, a more accurate way of measuring juvenile recidivism is by using all filed affidavits (Harris et al., 2011). For the purpose of this research,

recidivism is defined as an act of obtaining a new law violation, such as new arrest or complaint affidavit of misdemeanor or felony offenses, after being placed on probation with the FDJJ. Status offenses and violation of probation were not included for this study.

Risk Factors for Recidivism

Risk factors are those conditions that are associated with a higher likelihood of negative behavior, such as engaging in problem behavior, dropping out of school, and having trouble with the law. Risk factors are variables such as family, poor education, substance abuse, age of first offense, peer influence, and mental health disorders that predict a high probability of later offending (Farrington et al., 2012). The more risk factors present, the higher the risk for juvenile recidivism (Carr & Vandier, 2001). Furthermore, risk factors are used by criminologists to predict future outcomes on juvenile recidivism (Farrington, Welsh, Piquero, Berzin, & Gardener, 2007).

Various factors indicate that a juvenile delinquent may recidivate (See Ang & Huan, 2008; Grunwald, Lockwood, Harris, & Mennis, 2010; McGregor et al., 2010). These factors include age of first arrest, gender, criminal history, current age, race, family problems, peer pressure, out-of-home placement, mental health disorders, single parent status, substance abuse issues, family criminal history, lack of education, and conduct problems. For the purpose of this study, the factors that I investigated were family criminality, mental health disorders, substance abuse, school experiences, peer influence, and age of first offense among juvenile recidivists aged 17 and 18 years. I discussed each in detail in the sections that follow.

Family Criminality

Parental criminality is one of the leading risk factors for the development of criminality in children and young adults (Beaver, 2012; Nijhof et al., 2009). The factor of parental criminal history, especially fathers with criminal offenses, has been found to be a predictor of recidivism among juveniles (Huan, Ang, & Lim, 2009). Huan et al. (2009) also emphasized that parental criminality increases recidivism among juveniles. In the state of California, 1,949 youth offenders who were rearrested were significantly influenced by several family pathology variables, including family violence and parental criminality. Likewise, a convicted parent was related more to youth's persistent recidivism up to age 32 than early onset offenders (Huan et al., 2009).

Nijhof et al. (2009) showed that the high frequency of a child's offenses was significantly related to the frequency of the father's offenses. Having a criminal father doubles the risk that a son would become a convict. The study also indicated that sons act more aggressively in committing crimes if they have a criminal father compared to children with noncriminal fathers (Nijhof et al., 2009).

Two major influences on adolescent delinquency that have been identified are parenting behaviors and deviant peer affiliation. Parenting behaviors such as support and behavioral control have been repeatedly linked to adolescents' involvement in delinquency and other behavioral problems (Hoeve et al., 2009; Ryan, Williams, & Courtney, 2013). Hirschi (1969) is one of the prominent theorists in the field of criminology. His work continues to be one of the most cited by research scholars in

the field of criminology; as a result, his work is worthy of citing in the present research. According to Gottfredson and Hirschi (1990), criminal behavior can be explained by a lack of self-control. In addition, parents who are not able to recognize, control and punish deviant behaviors of their children, are very likely to have children with low self-control (Gottfredson & Hirschi, 1990). Similarly, criminal parents often show a lack of self-control themselves, resulting in poor parenting practices which in turn cause low self-control of their offspring. Thus, as a result of the low self-control, the child is unable to resist satisfying his or her needs in the short term, resulting in criminal behavior (Gottfredson & Hirschi, 1990). Criminality of parents operates through parenting practices. Criminal parents are more likely to show inadequate parenting styles (Nijhof et al., 2009).

The link between fathers' parenting and mothers' parenting to adolescents' delinquent may differ for several reasons. Compared to mothers, siblings, and other relatives, the father's arrest is the strongest predictor of the boy's offending behavior (Hoeve et al., 2009). The longer antisocial fathers live with their families, the higher the risk for their children's antisocial behavior (DeLisi & Vaughn, 2014). Furthermore, parents who are antisocial and have a criminal history tend to have children who are antisocial and involved in delinquent behavior. In addition to having a convicted parent, having a delinquent sibling by age 10 was a consistent predictor of a boy's future antisocial and delinquent behaviors (Farrington, Coid, & Murray, 2009). Murray, Farrington, and Sekol (2012) explored associations between parental incarceration and children's later antisocial behavior by conducting a meta-analysis of

40 studies that included 44, 699 children, of which 7,374 (16%) were children with incarcerated parents in 50 samples. The findings showed that a direct relationship between parental incarceration and children's antisocial behavior. Hoeve et al. (2012) found that poor attachment to parents was significantly linked to delinquency in boys and girls.

In another study, Huan et al. (2009) studied 382 incarcerated juveniles aged 13 to 16 in Singapore's Juvenile Court in 2005. The Baron and Kenny's framework, a conceptual and statistical tool for assessing the presence of mediator effects, was used to test the prediction that prior delinquent behaviors of the juvenile mediate the relationship between father criminality in a four-step process. Cronbach's alpha was used to calculate delinquent behaviors as father criminality and recidivism are binary variables. The results showed that father criminality was significantly correlated with both delinquent behaviors and recidivism in the expected direction: father criminality was positively correlated with both delinquent behaviors ($r = 0.19, p < .01$, Cohen's $d = .39$) and recidivism ($r = .13, p < .01$, Cohen's $d = .26$). Foster and Hagan's (2007) theory of social exclusion posited that arrested juveniles who came from families with criminalized fathers are faced with few conventional opportunities, such as school work or other institutions, to alter the course of their lives. Khajehnoori et al. (2013) examined the effect of the family atmosphere, deviant sibling, and association with delinquent peers in a sample of 381 students. Khajehnoori et al. based the study on Cochran theorem, a statistical tool used to justify results to the probability of statistics use in an analysis of variance, along with Sutherland's differential association theory

(1939) and Hirschi's (1969) social control theory. Khajehnoori et al. found that there was a positive and significant association with deviant peers, deviant siblings, and teenagers' delinquency.

Inadequate parental supervision can result in juvenile problem behavior. For example, Vieno and Nation (2009) and Grolnick et al. (2014) suggested that if parents' styles involved and cultivated close relationships with their adolescents, the adolescents might, in turn, feel that their parents will require more information in reference to their unsupervised activities. This will provide more parenting control and have a direct effect on problem behavior by limiting the opportunities for adolescents to engage in problem behaviors. Fagan, Van Horn, Antaramian, and Hawkins (2011) found that family factors were significantly related to juvenile delinquency and drug use. As parenting skills worsen, parents' ability to affect children's behavior may deteriorate (Fagan et al., 2011). However, parenting influence may become more important during adolescence, given that the transmission of norms and values from parents to children requires time and repetition before effects are realized (Grunwald et al., 2010; Hoeve et al., 2012; Pardini, Waller, & Hawes, 2014; Ryan et al., 2013).

Thompson and Morris (2013) used a sample of 2,134 males and 1,153 females between the ages of 8 and 17 years and examined risk factors for recidivism related to education, demographics, and offense patterns. Chi-square analysis was used to determine if there are differences between male and female for the variables that to be included in the prediction model for recidivism. Thompson and Morris found that there were significant differences between risk factors, and that male and female delinquents

differed with respect to which risk factors were predictive of recidivism. The following section discusses mental health disorder and the effect on juvenile delinquency and juvenile recidivism.

Mental Health Disorder

While ample research has established that juvenile delinquents often have mental health issues, few studies have examined the relationship between mental health and recidivism in this population. Colins et al. (2011) examined whether psychiatric disorders increase the likelihood of recidivism in 232 detained male adolescents aged 12 to 17 years from three detention centers. Participants were interviewed with the Diagnostic Interview Schedule for Children, Version IV (DISC-IV), a measure designed for interviewing children aged 9 to 17 years. Two to 4 years later, Colins et al. retrieved information on serious recidivism from the official judicial registration system. Serious recidivism was defined as “having at least one arrest charge for violent, severe property crime, or substance-related offenses” (p. 44). Controlling for time at risk, criminal history, and the presence of other disorders, Colins et al. found that serious recidivism was high; 81% ($n = 191$) of the participants were rearrested. Psychiatric disorders did not predict serious recidivism in general or violent and severe property recidivism. However, substance abuse and general comorbidity significantly predicted of substance-related recidivism.

Becker et al. (2012) explored the relationships among mental health problems, posttraumatic stress disorder (PTSD), age, ethnicity, gender, and recidivism. This longitudinal, quantitative study took place over 3 years. Participants were 417 male and

170 female juvenile offenders. Becker et al. used the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2, Grisso & Barnum, 2003, as cited in Becker et al., 2012), which is widely used to measure mental health problems in juvenile detention settings, and the UCLA Posttraumatic Stress Disorder Reaction Index (PTSD-RI, Pynoos, Rodriguez, Steinberg, & Stuber, 1998) was used to measure PTSD and juvenile delinquency. Pynoos et al. (1998) found that boys reported higher substance abuse at the time of first admission to a detention center; girls reported greater anger or irritability. Caucasian offenders showed higher rates of substance abuse and somatic complaints compared to African American offenders. Higher levels of anger or irritability and depression or anxiety were found in younger detainees, and older adolescents with PTSD reported the highest levels of substance abuse, anger or irritability, somatic complaints, and depression or anxiety. For youths with multiple admissions to detention centers, substance abuse increased for all youths; however, somatic complaints decreased for boys only. Younger offenders were more likely to recidivate than older offenders, and girls and younger African American youths with PTSD were more likely to reoffend than were their peers. Becker et al. (2012) concluded that predicting recidivism among delinquent youths is a complex endeavor and that mental health factors, including PTSD, needed to be examined as risk factors for juvenile recidivism.

PTSD is defined as surviving or witnessing a traumatic event (American Psychiatric Association, 2000). McCart et al. (2007) conducted a study of over 1,000 adolescents aged 12 to 17 to assess the relationship between violence, delinquency and PTSD. DSMV-IV was used to assess PTSD. McCart et al. found that 756 of the

participants reported that they have been exposed to and witnessed violence, 46% reported that they were sexual abused. McCart et al. also indicated that 70 participants were diagnosed with PTSD the others reported engagement in delinquent activities. Youths involved in the juvenile justice system report higher rate of trauma exposure, PTSD and other mental health problems (Dierkhising et al., 2013). Hammond (2007) estimated that as many as 70% of youths who entered the juvenile justice system are diagnosed with one or more mental health disorders. Of these youths, McReynolds, Schwalbe, and Wasserman (2010) estimated that 52.8% will re-offend.

Dehdarzadeh et al. (2014) used a sample of 33 people, including 11 police officers, 11 attorneys and 11 judges, in a qualitative study and found that early intervention of social organizations can prevent, to some extent, these criminal actions among populations of individuals with mental retardation. Schwalbe and Maschi (2012) used grounded theory and interviewed a sample of 31 juvenile probation officers on the strategies that are used with youths who have mental health disorders.

Heretick and Russell (2013) conducted a study on the Juvenile Mental Health Court JMHC of Colorado's First Judicial District. The retrospective observational design to compare the recidivism outcome of 81 youths from ages 10 to 17 between 2005 and 2011. Heretick and Russell compared outcomes for juveniles who were assigned to other forms of probation and diversion to juveniles in the state who were diagnosed with a mental health disorder and assigned to supervision probation, but had no access to JMHC. Heretick and Russell showed that youths who had access to the JMHC had a

significantly decreased recidivism rate during their probationary period. The average time of youths who successfully completed JMHS to reoffend exceeded 1 year.

In addition to PTSD, attention deficit-hyperactivity disorder (ADHD) is another form of mental health disorder that previous researchers have linked to juvenile delinquency and juvenile recidivism. ADHD is a behavioral syndrome that first appears in childhood and includes symptoms of inattention, impulsivity, hyperactivity, and associated impairments in multiple domains functions. McReynolds et al. (2010) found that youths with comorbid substance use and externalizing disorders, such as conduct disorder (CD), oppositional defiant disorder (ODD), and ADHD at probation intake were more likely to recidivate than were non-disordered youths.

Sibley et al. (2010) conducted a longitudinal study that examined the association between childhood ADHD and juvenile delinquency with children aged five to 12 years. Participants were 288 males with childhood ADHD and 209 males without ADHD. Both groups were from a similar demographic. ADHD-only ($N = 47$), ADHD+ODD ($N = 135$), ADHD+CD ($N = 106$), and comparison ($N = 209$) were the four diagnostic groups that were used to examine the group difference on delinquency outcomes. Sibley et al. showed that individuals with ADHD+CD displayed significantly worse delinquency outcomes than the other three groups. The study results also revealed that boys with ADHD+CD and ADHD+ODD in childhood displayed earlier ages of delinquency initiation, a greater variety of offending (Sibley et al., 2010).

Substance Abuse

The risk factors of substance abuse and mental health disorders often overlap. Colins et al.'s (2011) and Becker et al.'s (2012) studies showed a relationship between mental health issues and substance abuse and their role in juvenile recidivism. The link between juvenile criminal offending and adolescent substance use is strong and well established (Chassin, 2008). The use of illegal substances has been linked with continued contact with the juvenile justice system and less desistance from criminal offending (Chassin, 2008). Thus, juvenile offenders are more likely to re-offend if they continue to use illegal substances. One-third of juveniles reported being intoxicated at the time of their offending (McGregor et al., 2010).

The abuse of illegal substances has been found to be a substantial risk factor for juvenile recidivism (Ang & Huan, 2008; Sealock & Manesse, 2012). Juvenile offenders who have a history of substance use and substance abuse from an early age are more likely to be engaged in serious criminal activity, and their recidivism rates are higher than juveniles with no history of substance use or substance abuse (Stahler et al., 2013). Welch-Brewer et al. (2011) found that having a substance abuse disorder was a significant predictor of number of court cases for males. They also discovered that male with substance use disorder had 1.8 more court cases than males without substance use disorder (Welch-Brewer et al., 2011).

Alcohol and drug use have been consistently associated with juvenile delinquent and violent behavior (Stahler et al., 2013). Though discerning whether substance use came before or after the start of delinquent behavior is difficult, where there is one

behavior there is usually the other. The earlier juveniles begin their substance abuse, the more likely they are to be involved in delinquent behavior and continue their substance use in adulthood (Sealock & Manesse, 2012).

Substance abuse often increases recidivism and reflects a deeper involvement in the juvenile justice system (Tripodi & Bender, 2011). Drug users are three to four times more likely than nondrug drug users to engage in criminal behavior (Shaffer, Hartman, Listwan, Howell, & Latessa, 2011). In a longitudinal study, Stoolmiller and Blechman (2005) examined the relationship between adolescent self-disclosure, parental report of illicit substance use, and recidivism and they found that recidivism rates doubled based on a positive parental report of adolescent drug use.

Further, research shows that parental substance abuse history can have a negative effect on juvenile recidivism. Jackson (2013) found that parents' illegal drug use is a significant predictor of a juvenile delinquency. Colins et al. (2011) conducted a study on 232 detained male juveniles from three youth detention centers. The purpose of the study was to examine whether psychiatric disorders increase the likelihood of recidivism after controlling for the time at risk. The Diagnostic Interview Schedule for Children, Version IV was used to conduct the interviews. The study found that drug abuse disorders (2.41:95%, CI 1.22 to 4.75) were significantly predictive of substance-related recidivism (Colins et al., 2011).

Findings from a comprehensive study conducted by the National Center on Addiction and Substance Abuse (2004) found that 80% of juvenile arrested were either tested positive for drug use, have used drugs or alcohol before committing their crime,

admit to substance abuse or committed a drug or alcohol related crime. In Walter, Wiesbeck, Dittman, and Graf's (2011) study of 379 offenders who were assessed and followed for 8 years, results showed that personality disorders and substance use disorders led to high violent recidivism. The study results also showed that 69% had an overlap of personality disorder and substance abuse disorder, and 33% had substance abuse disorder (Walter et al., 2011).

School Experiences

Juvenile offenders in particular often come from inadequate school systems and show overall poor academic performance (Grigorenko et al., 2013), posing another risk for juvenile recidivism. A disproportionate percentage of juvenile offenders have learning disabilities or an average reading level of age 10 (Grigorenko et al., 2013; Leone & Weinberg, 2010). Krezmien, Mulcahy, and Leone (2008) examined the academic performance of 555 males at intake to a juvenile correctional facility in a mid-Atlantic state. Over 60% had been held back in school, over 80% of the juveniles had been suspended, and over 50% had been expelled from school prior to their entry into the juvenile justice system. Further, Krezmien et al. found that these offenders scored on average about 4 years below their peers on standardized tests in reading and math. Krezmien et al. emphasized that youths in the juvenile justice system have complex educational needs, and that education is important to their rehabilitation and reintroduction into society.

Grigorenko et al. (2013) advocated that the education system for juvenile offenders needs to be different from the public education offered to non-offenders

because of offenders' special needs. Educational programs for juvenile offenders could include offering a required curriculum that would help them return to the public school system or programs that focus on developing job skills. Weerman, Harland, and van der Laan (2007) used a sample of students from the Netherlands and found that school misbehavior in the seventh and ninth grades predicated serious delinquency outside of school 1 year later. Grolnick et al. (2014) found that time spent on homework and studying predicts less delinquency.

Felson and Staff (2006) stated when adolescents receive negative evaluation in form of grades, they experience failure and are more likely to turn to delinquency. In their study of a sample of 14,282 eighth-grade students from over 1,000 public and private schools, they found that students who have a higher grade point average (GPA) in the tenth grade are less likely to engage in delinquency in the twelfth grade. Lack of academic or low academic underachievement has lasting negative consequences on not only individuals, but also their families (Henry, Knight, & Thornberry, 2012). Poor academic achievement also results in substantially lower income and a marked increase in the likelihood of crime involvement and incarceration (Henry et al., 2012). School engagement, such as participation in school activities, positive emotional disposition, and motivation to invest in school tasks, reduces school problems and general delinquency. On the other hand, adolescent' school failures and lack of engagement increase the likelihood to associate with deviant peers (Frias-Armenta & Corral-Verdugo, 2013; Hirschfield & Gasper, 2011).

Siennick and Staff (2008) linked educational aspirations and underachievement to juvenile delinquency. Academic problems can often lead to behavioral problems and result in disciplinary actions, such as out of school suspension and or expulsion. Being suspended or expelled from school is a major reason for dropping out, and dropping out of school has been associated with academic failure. Academic failure is identified as a risk factor that may contribute to juvenile delinquency (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Durlak et al. (2011) also stated that high school dropouts account for 82% of adult inmate population.

Peer Influence

In addition to the factors of family criminality, mental health disorder, substance abuse, and school experiences, peer influence may also influence juvenile recidivism. Peer influence risk factors include association with deviant peers and peer rejection. Peer influences on juvenile delinquency usually appear developmentally later than family influences (Dishion & Tipsord, 2011). A seminal report by Shaw and McKay (1931) that indicated 80% of juvenile delinquents in Chicago were arrested with co-offenders established that association with deviant peers and increased co-offending are related. Various researchers (e.g., Kirk & Sampson, 2013; Mennis & Harris, 2011; Paternoster, McGloin, Nguyen, & Thomas, 2013) have confirmed these findings. Further, for juveniles who have a history of some delinquent behavior, association with deviant peers often leads to an increase in the severity or frequency of offending (Mennis & Harris, 2011).

Kirk and Sampson (2013) found that deviant peers influence serious offending by child delinquents during the child's transition to adolescence. Research on the relationship of peer rejection as a risk factor for juvenile delinquency and juvenile recidivism is relatively recent. Researchers have found that young aggressive children who experience peer rejection are more likely to exhibit chronic antisocial behaviors later in life than children who are not rejected (Dishion & Tipsord, 2011; Icli & Coban, 2012; Mulder, Brand, Bullens, & Van Marle, 2010).

Violent offending for adolescent juveniles was more frequent for rejected juveniles and was more likely to persist in early adulthood (Mulder et al., 2010). Dishion and Tipsord (2011) offered two explanations of how peer rejection is a factor in increasing antisocial behaviors. First, peer rejection leads the child or adolescent to suspect that other people's motives are hostile and, thus, elicits an aggressive response. Second, peer rejection results in children having fewer positive social interactions and leads them to seek out and become members of lower status and deviant peer groups. Belonging to such groups of outsiders may cause them to engage in more antisocial activity to gain standing among their peers in these groups.

Vitulano et al.'s (2010) study of a sample of 89 children ranging from ages nine to 12 years ($m = 10.4$ 1.1years) found that at low levels of impulsivity peer delinquency was positively associated with child delinquency. Peers often play important roles in whether a juvenile becomes delinquent (Murray et al., 2012). One form of peer influence on juvenile delinquency is through gang activity. According the National Criminal Justice Reference Service (2012), gangs offer at-risk youth friendship, status, and protection. As

a result, most juveniles are willing to do anything required by a gang leader, including criminal activities (National Criminal Justice Reference Science, 2012). Van Ryzin and Leve (2012) found that peers become an increasingly strong influence on individual behavior during adolescence and that affiliating with delinquent peers can lead to greater levels of delinquent behavior.

Age of First Offense

One of the most common factors for juvenile recidivism is age at first arrest. The younger the juvenile is at the time of arrest, the more time the juvenile has to re-offend. For example, if a juvenile were to be arrested at age 12 and were to be placed on probation until his or her 19th birthday, the juvenile is at a higher risk to re-offend than he or she would if he were to be arrested at age 16 through 18. Juveniles who were arrested at a young age have higher chance to reoffend, as they have a longer period of time in the juvenile justice system (Mulder, Brand, Bullens, & van Marle, 2011).

Van der Put et al. (2011) found that the effect of some risk factors decreases with age. Van der Put et al. examined which dynamic risk factors for recidivism play an important role during adolescence in a sample of 13,613 American juveniles (3,502 females and 10,111 males) aged 12 to 18 years who had committed criminal offenses. The Washington State Juvenile Court Assessment (WSJCA) was used. Van der Put et al. indicated that risk factors decreased sharply as juveniles grew older. Van der Put et al. also indicated that among 12-year-olds, the family had the strongest link to recidivism while for youth aged 14 to 17, attitude, relationships, and school had the strongest correlation with recidivism both in male and females.

The conclusions of a comprehensive study of 4,355 juveniles in Ohio were that although program type produced varying recidivism, age of first offense remained one of the most salient predictors of recidivism (Ryan, Abrams, & Huang, 2014; Sullivan & Letessa, 2011). Mulder et al. (2011) also found that the age of a juvenile upon initial offense is a significant predictor in identifying recidivism. In Van der Put et al.'s (2011) study on recidivism at different age groups (12 to 13 years, early adolescence, 14 to 15 years, middle adolescence, and 16 to 17 years), the findings showed that most dynamic risk factors were significantly linked to recidivism, and that the links were considerably stronger than in later adolescence.

Summary

In Chapter 2, I reviewed the literature related to juvenile delinquency and risk factors that contributed juvenile recidivism. Various methodological approaches have been used to study juvenile delinquency; moreover, the qualitative method seems to be more appropriate and more used when attempting to gain a better understanding of the participants. The current study provided a more in-depth understanding and filled the gap on the extent to which risk factors such as family criminality, mental health disorder, substance abuse, academic achievement, peer influence, and age of first offense affect juvenile recidivism among juveniles aged 17 and 18 years from the juvenile justice professionals' perspectives. In Chapter 3, I discussed the research design and methodology of the study. Included in the chapter is a discussion of the role of the researcher, a description of how participants were recruited, ethical protection of participants, and data collection and methodology of the study.

Chapter 3: Research Method

Introduction

In this chapter, I discuss the research design and approach, setting and sample, instrumentation and materials, and data collection and analysis procedures. I also present measures for ensuring validity and trustworthiness, and ethical considerations that help finalize the qualitative research design. The purpose of this qualitative research was to conduct a more in-depth investigation into the extent of how the six risk factors of family criminal history, mental health disorders, substance abuse, poor academic performance, peer influence, and age of first offense contribute to recidivism in juveniles aged 17 and 18 years from the perspective of juvenile justice professionals. In the state of Florida, age 18 is considered adult; however, if youths were placed on juvenile probation before their 18th birthday, the FDJJ then has jurisdiction until their 19th birthday providing they do not commit a new law violation after their 18th birthday. The results of the study may improve protocols for intervention strategies to counteract the risk factors and provide a better understanding of how these risk factors influence recidivism in juveniles aged 17 and 18 years.

Research Design and Rationale

The foundational questions of this study were (a) to what extent do the risk factors of family criminality, mental health disorders, substance abuse, school experiences, peer influence, and age of first offense contribute to juvenile recidivism? and (b) what can be done to counteract these risk factors from the juvenile justice professionals' perspective?

The subquestions are:

1. How are sources of modeling and imitating aggressive behaviors (i.e., parents, other family, peers) likely to influence recidivism by juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?
2. How do the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile offenders aged 17 and 18 years predict the likelihood of juvenile recidivism, as perceived by juvenile justice professionals?
3. Which of the risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

Quantitative research is a form of inquiry that searches for causes, effects, and outcomes, helps the researcher discover factors that influence results, and predicts a possible outcome (Creswell, 2013). In the literature review, I found that the quantitative research design was the most frequently used method. While the quantitative research design is concerned with the investigation of causes and effects of an outcome (Creswell, 2013), that was not the aim of this study. The goal of this research was to generate the information about juvenile justice professionals' experiences; therefore, a quantitative research approach was not an appropriate research design.

Quantitative researchers did not explore the meaning and essence of risk factors, and the effect on juvenile recidivism from the experience of professionals working in the juvenile justice field. Thompson and Morris (2013) used a sample of 2,134 males and 1,153 females between the ages of 8 and 17 years and examined risk factors for recidivism related to education, demographics, and offense patterns. Thompson and

Morris found that there were significant differences between risk factors, and that male and female delinquents differed with respect to which risk factors were predictive of recidivism. The methodology used in this study was qualitative, which was used to describe as accurately as possible the phenomenon of recidivism and refrained from using any predetermined framework.

Researchers select designs based on considerations such as the audience's familiarity with one approach or another, the researcher's training and experiences with forms of qualitative designs, and the researcher's partiality toward one approach or the other (Creswell, Hanson, Clark, & Morales, 2007). Qualitative research intends to help the researcher to better understand (a) the meanings and perspectives of the people that are being studied, (b) how these perspectives are shaped by social and cultural contexts, and (c) the specific processes that are involved in maintaining or altering these phenomena (Maxwell, 2013). The goal of qualitative inquiry is to reveal world phenomena in terms of the meaning participants attribute to them (Denzin & Lincoln, 2000). Qualitative designs are also used because the researcher wants to understand the context or setting in which the participants have a problem or an issue (Creswell, 2012).

In qualitative research, the participants' characteristics are described and the researcher can collect, analyze, and interpret data by observing what the participants say or do (Creswell, 2012). Qualitative research can be less costly than other research methods. The main constraints of quantitative research are cost, and tests may be too expensive to set up and difficult to run. Furthermore, qualitative research allows the researcher to have firsthand interaction with the participants because qualitative

researchers collect data directly from participants through observation, interacting with them, or talking with them (Tewksbury, 2009).

Phenomenological research can be used to explore, explain, or describe phenomena or events in the everyday contexts in which they occur (Crowe et al., 2011; Yin, 2009). The strengths from qualitative research are primarily its inductive approach and its focus on specific situations or people and the emphasis on words rather than numbers (Maxwell, 2013). I employed the phenomenology study. The purpose of this qualitative research was to gain a more in-depth understanding of the extent to which the risk factors of family criminal history, mental health disorder, substance abuse, poor academic performance, peer influence, and age of first offense contribute to recidivism in juveniles aged 17 and 18 years from the perspective of juvenile justice professionals.

The specific type of phenomenological design that was used in this study is hermeneutics, the theory of interpretation. The concept of a hermeneutic phenomenological research design is to use descriptive and interpretive approaches to examine risk factors and the effect on juvenile recidivism from the professionals who have experience in the juvenile justice field. In hermeneutic phenomenology research, the researcher is afforded the opportunity to interpret the meanings found in relation to phenomena (Sloan & Bowe, 2014). For the purpose of this study, I used a hermeneutic phenomenological design to obtain an in depth understanding of the effect of risk factors on juvenile recidivism. I also sought to discover what can be done to counteract these risk factors from the perspective of the professional who works with the juveniles. The goal of the present study was to advance knowledge by capturing the essence of risk factors

and the effect on juvenile recidivism among juvenile delinquents aged 17 and 18 years. I also aimed to discover what strategies can be implemented to counteract these risk factors from the perspective of juvenile justice professionals.

I considered various qualitative research paradigms that did not sustain the qualitative investigation necessary to generate the essence of juvenile justice professionals' experiences of working with juvenile delinquents and their perceptions on how risk factors relate to recidivism. Ethnography is a research approach that requires researcher to interpret and describe cultural and social groups (Creswell, 2012, p. 79). In ethnographic research, the narrative displays a form augmented by tables, figures, and sketches. The researcher observes the daily operations of the research participants' lives and reports only facts. Researchers have previously used the narrative approach when researching juvenile delinquency and juvenile recidivism. Narrative study identifies three ways to collect data for stories: (a) recording spontaneous incidents of storytellers, (b) eliciting stories through interviews, and (c) asking for stories through mediums such as the internet (Creswell, 2012). I chose not to use this approach, as I conducted face-to-face interviews and the participants were not required to provide documents on their life stories.

I considered the case study approach; however, case study research is a systematic investigation used to understand a very specific phenomenon, place, organization, program, issue, or social problem (Yin, 2003; Winship, 2007). There are three categories of case studies: particularistic, descriptive, and heuristic (Hyett, Kenny, & Dickson-Swift, 2014; Merriam, 2009). According to Merriam (2009), "Particularistic refers to a

phenomenon or a setting with a generalization that focus on questions, situations or puzzling situations” (p. 46). Descriptive case studies aim to document the procedures of an event or events. Descriptive case studies depend on robust and rich information of the phenomenon being studied (Merriam, 2009). Given the objectives of this study, I rejected the case study design.

Role of the Researcher

I have been working with juvenile delinquents for the past 16 years. For the first 6 years, I worked at a commitment facility. A commitment facility includes programs that service juveniles who received the most severe disposition under the juvenile code. The juveniles are usually committed if they continue to reoffend and the FDJJ has exhausted all resources that probation has to offer. I have been employed with the FDJJ as a probation officer for the past 10 years. I have firsthand knowledge that most probationers are recidivists. My hands-on experience in the juvenile justice system and my various training motivated my interest in understanding the effect of risk factors that contribute to juvenile recidivism. The results of this study allows juvenile justice professionals who work closely with juvenile delinquents to voice their perspectives on risk factors for recidivism in juvenile delinquents and the challenges they face to reduce juvenile recidivism.

Researchers must take care to develop a rapport with the participants to encourage honest and forthright responses (Seidman, 2013). At the same time, the role of the researcher is to become immersed in the study and avoid biases. In qualitative research, the role of the researcher is to be the main instrument for collecting data and interacting

with the participants (Pannucci & Wilkins, 2010). Bias is any tendency that prevents unprejudiced consideration of a question (Pannucci & Wilkins, 2010). I may have entered the study with a bias, influencing the result to obtain the outcome I expected. Subject bias may have occurred, as I may have selected participants that I thought would be most appropriate to provide the information that I expected. Interviewer bias refers to a systematic difference between how information is solicited, recorded, or interpreted (Pannucci & Wilkins, 2010). Interviewer bias could occur if I entered the interview knowing that the risk factors under investigation contributed to their juvenile delinquency and recidivism. As a result, I may have probed the participants into answering questions that are directly related to the risk factors. I controlled biases by not including my personal opinions throughout the research and, as a researcher, I remained blind to the outcomes of interest. As the researcher, I informed the participants of the purpose of the study.

The qualitative phenomenology study allowed me to gather data indirectly from respondents. I have recognized, identified, and documented self-awareness and self-analysis in this study due to my contact during the data collection of juvenile offenders. Patton (2002) stated:

The qualitative analyst owns and is reflective about her or his own voice and perspective; a credible voice conveys authenticity and trustworthiness; complete objectivity being impossible and pure subjectivity undermining the credibility, the researcher's focus becomes balance-understanding and depicting the world

authentically in all its complexity while being self-analytical, politically aware, and reflexive in consciousness. (pp. 494-495)

The primary task of the researcher is to be persistently cognizant of personal biases, beliefs, values, and feelings when developing precoding, interviewing, collecting data, conducting thematic analysis, and generating conclusions for the study (Creswell, 2012). The research goal of the present study was to explore the data from the perspectives of the interviewed juvenile justice professionals who describe, interpret, and provide reflection about each of their experiences with risk factors as they relate to juvenile recidivism.

Methodology

Population

An adequate number of participants from a population are needed in a purposeful sample to address the research questions. Therefore, the population consisted of juvenile justice professionals such as; probation officers, judges, and mental health counselors. Participants were recruited from within the central region of the state of Florida. All participants have experience with and are currently work with juvenile delinquents.

Sample

Qualitative research methods often involve gaining an in-depth understanding of a phenomenon or focus on meaning which is often centered on the how and why of a particular issue. As a result, the sample in the qualitative research method is often smaller than that used in quantitative research methods (Dworkin, 2012). Saturation is the most important factor to think about considering sample size in qualitative studies (Mason,

2010). In qualitative content analysis, the homogeneity of the study participants or differences expected between groups are evaluated (Burmeister, 2012).

In all qualitative research, 15 is the smallest acceptable sample size to yield saturation (Mason 2010; Guest, Bruce, & Johnson, 2006). I recruited a sample of 15 juvenile justice professionals (juvenile judges, attorneys, juvenile probation officers, and mental health counselors) from within the state of Florida through the FJJA), an organization founded in 1994. There are currently eight partners and 42 members. The FJJA is a statewide organization that strongly supports a commonsense approach to juvenile justice that treats young people fairly, holds them accountable for their actions, and keeps neighborhoods, schools, and communities safe. The FJJA brings together juvenile justice system professionals and agencies, organizations, and private and nonprofit corporations committed to improving Florida's juvenile justice system for children and families.

I submitted a letter of cooperation to the executive director of the FJJA explaining the purpose of the research and requested to use the organization as a research tool for potential participants (see Appendix A). I obtained written permission (see Appendix B) to use the organization to collect data for the research. The executive director was the point of contact for the participants. She sent the letter of cooperation (see Appendix A) to the various partners. Potential participants who were interested in participating in the study then contacted me via email or telephone and expressed their willingness to participate. Before recruiting the participants, I obtained permission from Walden Institutional Research Board (IRB) to conduct my study.

The professional working relationship between the participants and me started with the recruitment phase of the study, with the ultimate goal of developing rapport. The process of developing rapport consists of apprehensions, exploration, cooperation, participation (DiCicco-Bloom & Crabtree, 2006, p. 315). After potential participants who were interested in participating in the study contacted me and expressed their willingness to participate, I provided the approval letter from the Walden University IRB to all participants prior to the interview. I chose settings that were conveniently available for the participants, such as local libraries and or their offices. The participants were restricted to the central region of the state of Florida.

Sampling Strategy

I used purposeful sampling. Purposeful sampling focuses on information rich cases that illuminate the questions under study (Patton, 2002). The participants in this research were juvenile justice professionals from the central region of the state of Florida who are currently working closely with juvenile delinquents. Purposeful sampling allows the researcher to select the specific types and number of participants based on the purpose of study and available resources (Patton, 2002).

I recruited participants through the FJJA. I submitted a letter of cooperation (see Appendix A) to the executive director of the FJJA, who was the point of contact. The executive director sent the letter of cooperation to the various partners. Potential participants who were interested in participating in the study then contacted me via e-mail telephone and expressed their willingness to participate. Appointment for individual for interviews were scheduled.

The targeted number of research participants was 15. I asked each participant open-ended questions that provided a better understanding of the effect of the risk factors under investigation on juvenile recidivism and to identify strategies that may be implemented to counteract these risk factors and reduce juvenile recidivism.

I distributed an informed consent (Appendix C) to each participant and provided an oral explanation to potential participants about the purpose of the research, procedures, and anticipated outcomes of the study. This explanation of the study procedures enabled potential participants to make informed decisions about whether or not to participate in the study.

Instrumentation

I collected data using an interview protocol that I designed (see Appendixes D and E), as recommended by Creswell (2012). I conducted face-to-face interviews and asked open-ended questions. I used a digital auto recording device to record the responses. I also had a backup digital audio recording device and additional batteries available for use in case of malfunction. I developed the interview questions to aggregate the knowledge and experiences of the participants across multiple disciplines. Within 1 to 2 weeks of the interview, I obtained a professional transcriptionist who transcribed digitally recorded responses to the interview questions verbatim into a Word document. I asked the professional transcriptionist to sign a confidentiality agreement (see Appendix F).

Data Collection

I collected data from interviews with the juvenile justice professionals who participated in this study (see Appendix E). The interviews were face-to-face and lasted approximately 45 minutes. The benefits of face-to-face interviews are the negotiated relationship between the researcher and the study respondents in setting the tone, speed, and voice of the interview. However, these characteristics can also be a drawback (Opdenakker, 2006).

The site for the face-to-face interviews was in a location that was convenient for the participants. The date and time for the face-to-face interviews were negotiated. The interview date and time was the first phase of developing a working relationship between the respondents and me. I asked probing questions and follow-up questions to obtain descriptions from respondents. Probing questions include “who”, “where”, “what”, “when”, and “how” that result in comprehensive and systematic responses (Patton, 2002, p. 372). I used follow-up questions to gather detailed and analytical data.

Data Analysis

Data analysis should begin with the analysis of specific statements and themes and a search for all possible meanings. No themes, categories, concepts or theories will emerge without the researcher who must make it so (de Casterle, Gastmans, Bryon, Denier, 2012). The respondents provided their perceptions of the effect of specific risk factors on juvenile offenders’ lives. I approached analysis of the transcripts of the interviews with an open mind. Rich data was collected from the interviews. Rich data are detailed, focused, and full. Rich data revealed the participants’ views, feelings, intentions

and actions. (Charmaz, p. 2006, p. 14). Data collected from the interview questions were sorted as outlined by Janesick (2004) and categorized as “descriptive, follow-up, experience/examples, clarification, structural/paradigmatic, and comparison/contrasting” (p. 72). Van Manen (1990) provided three processes: isolating thematic statements that include determining the meaning of text (p. 93), focusing on phrases or sentences that stand out using a "line by line approach" (p. 93), and finally, “a close examination of the text sentence by sentence” (p. 93). I read each transcript line by line. Each transcription formed an understanding of the context of each interview and provided rich description.

The data analysis that was adapted in this research is systematic. The hermeneutic phenomenology principles as established by Colaizzi (1978) and van Manen (1997) and adapted and implemented by Ajjawi and Higgs (2007) was adapted in this research. The eight stages include immersion, understanding, abstraction, synthesis and theme development, illumination and illustration of the phenomena, integration and critiques, identifying the fundamental structure of the phenomenon, and returning to the participants for validation.

Next, I used NVivo 11, a computer-aided qualitative data analysis software (CAQDAS), to increase the coding process, data management, and data analysis. CAQDAS is capable of the collection, storage, sorting, and retrieval of data (Wickham & Woods, 2005). NVivo 11 software proposes a code of schemes, code overlapping, chunking of data, data frameworks, hierarchical illustrations, and conclusions gathering generated theoretical assumptions from grounded data (QSR International, n.d.). The software also features the capabilities to collect and organize field notes, memoing, and

researcher reflections (QSR International, n.d.). CAQDAS provides the manageability of qualitative data by removing paper documentation and increases the practices of information management and analysis (Wickman & Woods, 2005). NVivo provides a concrete and competent manner in which one can analyze data, link data, memo, display, and design patterns and themes. I used the descriptive coding strategy to code and analyze collected data. Coding is one of the most critical functions, which include separating data into sections and then sorting words into categorized themes. Coding schemes result from categorized themes that allow the establishment of links and relationships, which form patterns that direct CAQDAS software (Chi-Jung & Shulman, 2008).

First, I took notes during the interviews. Then I combined each individual participant interview file into a single file for each interview question. Next, I began an analysis by coding the data. I broke the data down into similar phrases or key words. I labeled these phrases and key words and recorded them in a Word document. I did not notate the exact words used by participants during data analysis. Instead, I used words that described the data. Instead of identifying a specific part of the text, I used numbered coding labels. The corresponding coding categories were added to the end of each of the participants' answers. I identified categories that were common to all participants. This is when the themes emerged. I identified 12 total coding categories. I entered data from the notes into NVivo 11. I added each description to a node. The nodes can be selected to see any associated text, which allowed me to easily see relationships between participant responses. Visual diagrams were developed to represent the data as well to identify

patterns. The phrases obtained from the interviews formed the themes. These themes were used as headings in NVivo. Ultimately, the most significant themes across the categories were peers, environment, family criminal and mental health history, assessment, substance abuse, not attending school, parental bonds, lack of parental bonds, peer influence, young offenders, counseling, and more resources.

Issues of Trustworthiness

Patton (2002) and Denzin and Lincoln (2000) suggested that triangulation involves the convergence of multiple data sources that provide methodological triangulation, from multiple data collection sources to improve the credibility of a study. Creswell (2012) provided eight verification strategies in qualitative research: “prolonged engagement/observation; triangulation; peer review/debriefing; negative case analysis; clarifying research bias, member checks; rich/thick descriptions; and internal audits” (p. 203). Triangulation “involves corroborating evidence from two different sources to shed light on a theme or perspective” (Creswell, 2012, p. 202).

According to Creswell (2012), member checking is a technique that researchers use that provides participants the opportunity to verify content, accuracy, credibility, and validity of a study. Member checking was included in this research. All participants were given the opportunity to review the interview transcript to ensure accuracy and make corrections and comments if needed. After I received the transcript, I e-mailed a copy to participants who agreed to complete the member checking. Carlson (2010) stated that providing participants with voluminous, verbatim transcripts can be overwhelming. Carlson also stated the importance of providing participants with instructions for

reviewing the transcripts to ensure their full understanding of the nature and necessity of the process. As a result, when participants requested member checking be completed during the initial interview, I performed member checking during the interview. Qualitative researchers have the option of performing the interview process, at the conclusion, or both (Lincoln & Guba, 1985).

Transferability refers to the extent to which the findings can be transferred to other setting or groups (Elo et al., 2014; Polit & Beck, 2012). To ensure transferability, I provided clear descriptions of the context, culture, selections, and characteristics of the participants. The researcher is responsible for providing detailed descriptions for the reader to make informed decisions about the transferability of the findings to their specific context (Lincoln & Guba, 1985). In qualitative research, dependability is often compared to the concept of reliability in quantitative research and refers to the stability of the data over time and under different conditions (Elo et al., 2014; Houghton, Casey, Shaw, & Murphy, 2013). To ensure replication of research, I described the selection of participants and participants' main characteristics in detail so that the transferability of the results to other contexts could be assessed.

Confirmability refers to objectivity and implies that the data accurately represent the information that the participants provided and the researcher did not invent interpretations of the data (Elo et al., 2014). To ensure confirmability, I conducted crosschecking of audiotaped interviews. I used audio recordings and verbatim transcription of the interviews as a measure of reliability.

Ethical Procedures

I adhered to and followed the ethical principles of the American Psychological Association (2010) and the Walden University IRB policies and procedures in my study. I submitted an IRB application for approval (06-30-16-0189691), identifying the study's purpose, procedures, and actions taken for the ethical protection of respondents. I used guidelines from the *American Psychological Association Manual* (APA, 2010) on conducting ethical studies.

I followed the APA and IRB principles for informed consent and for confirmation of the details of the study during the recruitment inquiry. I explained the aim of the study, process, data collection and analysis, risks, and benefits in the participants' consent form and required participants' signatures, which signified their agreement to participate (see Appendix C). I included the Walden IRB approval number and measures for participant confidentiality. The participants were required to sign the consent form electronically before the interview or in person at the beginning of the interview. Participants could withdraw their involvement in the study anytime without penalty.

Participant anonymity was reassured with the use of number codes. A fireproof and combination lock file houses the audiotaped interview recording, interview transcripts, and data flash drives. After the completion of the study and IRB approval, I will remove data from the computer, place on data flash drives, and store in the locked file cabinet for the minimum 5-year IRB requirement.

Summary

In this qualitative phenomenology study, I explored the risks associated with juvenile recidivism. In Chapter 3, I discussed the research design, method, data collection, and analysis procedures. I clarified the role of the researcher-interviewer and provided details of the primary task of protecting the study participants' rights and confidentiality. In Chapter 4, I presented the results of the analysis of the face-to-face interview data. In Chapter 5, I summarized the research findings and discussed the conclusions and implications of the study.

Chapter 4: Results

Introduction

The purpose of this study was to examine the phenomenon of juvenile professionals who work with juvenile delinquents on their perceptions of the effect of risk factors on juvenile recidivism and voice what can be done to counteract these risk factors. In this research, I examined whether there were improvements in prevention and implementation of intervention. I also examined prevention strategies that could be used as tools to counteract these risk factors and reduce recidivism among juvenile delinquents.

In Chapter 4, I provide the findings acquired from the investigation of a sample of nine juvenile professionals from within the central region of the state of Florida. The foundational research questions that guided this study were (a) to what extent do the risk factors of family criminality, mental health disorder, substance abuse, school experiences, peer influence, and age of first offense contribute to juvenile recidivism? and (b) what can be done to counteract these risk factors from the juvenile justice professionals' perspective? Three subquestions that supported the foundational research were:

1. How are sources of modeling and imitating aggressive behaviors (i.e., parents, other family, peers) likely to influence recidivism by juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

2. How do the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile offenders aged 17 and 18 years predict the likelihood of juvenile recidivism, as perceived by juvenile justice professionals?

3. Which of the risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

Upon receiving approval from the Walden IRB (06-30-16-0189691), I used the qualitative research method to focus on the perceptions of juvenile justice professionals who understand the factors that cause juvenile offenders to recidivate. In this study, I intended to examine the perceptions of juvenile justice professionals about their experiences working with juvenile delinquents, their thoughts on how risk factors affect recidivism among juvenile delinquents aged 17 and 18 years, and what can be done to counteract these risk factors.

Chapter 4 includes the following sections: description of the setting in which I sourced the participants, relevant demographics of the nine participants, data collection methods, data analysis, including specific coding categories and emerging themes, and evidence of trustworthiness through credibility, transferability, dependability, and confirmability. The chapter concludes with a detailed result of the study and a summary of its findings.

Research Setting

All study participants were individuals working in private and public organizations that serve or provide treatment to juvenile delinquents. Participants were

required to be working with juvenile delinquents and have experience and knowledge about juvenile delinquents and juvenile recidivism. This study was conducted using face-to-face interviews. Once approval was received from Walden University IRB, I submitted the letter of cooperation to the executive director of the FJJA. The executive director then emailed 18 authorized representatives of 18 organizations. Of the 18 authorized representatives, two replied that they have forwarded the letter to their employees, one replied that they are too busy to assist, and two replied that they will contact me later. Not all professionals that were identified participated in the study, as some were denied participation by their organizations. Once participants who were interested in participating contacted me via email and telephone call, the informed consent was e-mailed to them. Upon receiving their written response with “I consent,” the interviews were scheduled.

I conducted face-to-face interviews. I reminded all participants of the information that was previously emailed to them. I also had extra copies if needed. I asked each participant the same set of 16 questions that I previously developed. All interviews were recorded using an Olympus Digital Voice Recorder. After each interview, participants were reminded that a copy of the written interview would be emailed to them once transcribed.

Demographics

Nine participants were included in the study. To recruit potential participants, I used purposeful sampling. Purposeful sampling is appropriate for qualitative studies, as it focuses on information-rich cases that illuminate the questions under study (Patton,

2002). I selected each participant based on job title (attorney, mental health counselor, and juvenile probation officer) and extent of experience and knowledge working with juvenile delinquents and juvenile recidivists. Juvenile probation officers were invited to participate; however, the FDJJ denied their participation. To maintain confidentiality and identity of the participants, I used pseudonyms (P1, P2, etc.) to identify each participant.

Table 1

Individual Participant Demographics

	Job title	Years working with juvenile delinquents	Gender	Ethnicity
P1	State attorney	7	Female	Caucasian
P2	State attorney	5	Female	Caucasian
P3	Judge	13	Male	Caucasian
P4	Licensed clinical director	35	Female	Caucasian
P5	Licensed mental health counselor	12	Female	Caucasian
P6	Licensed clinical social worker	25	Female	Caucasian
P7	Licensed clinical social worker	11	Male	Caucasian
P8	Judge	4	Female	Caucasian
P9	Judge	20	Male	Hispanic

Data Collection

Participant recruitment occurred over 7 months from July 2016 to January 2017. I collected data for this study over 4 weeks using face-to-face interviews and my research journal. All participants worked with and provided services to juvenile delinquents and

juvenile recidivists with the goal to reduce juvenile recidivism. I asked all participants the same set of interview questions (Appendix E) and in the same order. The interview questions were different from the foundational questions, which enabled the participants to share as much information as they desired. A formatted interview protocol (Appendix D) guided the interview process.

I conducted eight interviews at the participants' offices—seven in personal offices and one in the interview room. I scheduled one to be conducted at a local eatery; however, because of the noise level, I conducted the interview in the parking lot. The interviews lasted between 10 to 35 minutes. I recorded each interview using an audio recorder. During the interviews, I paid close attention to each participant's disposition. I hired a certified legal transcriptionist to transcribe the nine interviews verbatim. I saved all transcribed interviews into a Microsoft Word document.

After the transcriptionist transcribed the interviews, I performed member checking to ensure accuracy of each participants' response. To maintain the identity of the participants, I asked the transcriptionist to identify each participant using pseudonym such as P1, P2, and so on. I coded the data based on patterns, themes, and categories in the NVivo 11 software. I merged all files and secured them on my personal computer. I saved all data on a CD, which is kept in a fireproof locked filing cabinet. In compliance with Walden's IRB policy, I will secure the files and the CD until 5 years after the data collection, at which time I will shred the CD and any notes or paper transcription. All audio recordings will also remain in the NVivo program, and I will delete them 5 years after the completion of the study.

The Participants

Nine juvenile justice professionals, including three judges, two attorneys, and four mental health providers from the central region of the state of Florida agreed to share their experiences working with juvenile delinquents and their perspectives on the effects of risk factors on juvenile recidivism. Though each participant has his or her own individual perspectives on juvenile delinquency and juvenile recidivism, they all shared a common interest in the need for a more rehabilitated juvenile justice system. To provide new insight into the phenomenology and add to the body of literature on the effect of risk factors on juvenile delinquency and juvenile recidivism, I provide background information on each participant and their individual perspectives. To maintain confidentiality, I replaced the participants' names with pseudonyms (i.e., P1, P2, P3, P4, P5, P6, P7, P8, and P9) and withheld their location of employment. I removed hesitation or pause-in-speech words such as "um," "anyways," "you know," and "uh" from the participants' responses in this section for better flow of ideas.

P1, state attorney. The first participant interviewed was a prosecuting attorney in the juvenile division for 6 to 7 years. P1 stated that although each individual is different, juveniles learn crime through their peers and their families. P1 also stated that family criminal history has a large effect on juvenile delinquency. P1 explained that of all the juvenile cases that she handles, 85% or more have a parent, parents, or family members who are involved in the criminal justice system.

In reference to mental health and its effect on juvenile delinquency and juvenile recidivism, P1 explained that disorders such as oppositional defiance disorder (ODD) and

anger management issues play a role in juvenile recidivism. P1 further explained that if there are identified mental health issues, the juveniles are referred to counseling and stabilized on medication if prescribed. P1, however, explained that in her experience, the juveniles do not receive the necessary services because the parents or legal guardians are usually not proactive and fail to follow through. P1 stated that the parents' or legal guardians' failure is due to lack of financial resources. P1 specified that substance abuse has a significant effect on juvenile delinquency and juvenile recidivism:

I'd say 50 to 75% of the cases that we see come through our office are tied to substance abuse, whether it's that someone is stealing to support their habit or they are under the influence of something when they are committing the crime, a very large part of our caseload actually stems from substance abuse issues and addiction and I think that is true for juveniles.

P1 emphasized that juvenile delinquents are refusing to put forth any effort toward their academics: "You see high level rates of absenteeism, you see high rates of disciplinary referrals and suspensions. You see a lot that end up being expelled because they are then committing crimes there at school." P1 also stated, "We don't often get kids that are making As and Bs and regular level classes are higher and have good attendance." P1 emphasized that the majority of the juveniles with whom she works have no social bonds "I think that's probably one of the big issues is that a lot of them don't have social bonds to anyone or anything." P1 further explained, "I think their peers is probably the closest thing to a social bond that they have because it's not gonna to be their family." P1 stated for this reason, peer influence has a huge effect on juvenile

delinquency and juvenile recidivism. P1 emphasized, “I don’t know that there’s anything that has a higher effect on it.” P1 observed, “It seems like most of the time if they have been arrested younger, it’s often indicative of a long road ahead for everyone.” P1 further stated, “I’m not sure how much earlier arrest versus a later arrest comes into play, but it does seem that recidivism is higher the younger they are when they state a history of arrest.” P1 stated that family background and criminal history and the early onset of criminal activity can predict juvenile recidivism.

When asked what program of strategies are in place for juvenile who are likely to reoffend, P1 replied, “I don’t really know of anything that’s in place that’s specifically geared towards ones that are likely to reoffend.” P1 also stated, “I think we wait until they recidivate and recidivate and reoffend and reoffend and reoffend, and I feel with every time they reoffend and not a whole happens to them, there’s almost like a hardness of heart.” P1 stated “to counteract these risk factors, more intensive substance abuse and mental health counseling need to be implemented.” P1 also stated that “the FDJJ should adapt the Georgetown Study.” P1 stated, “with the Georgetown study, it does not matter if it is a first time misdemeanor, if the juveniles are at a high risk level to reoffend and they have, we need to get intensive services right away and Florida DJJ does not do that.” P1 continued, “there is a complete ignoring of the warnings that are there and so we have to wait for multiple offenses before we start trying to bring in those intensive services.” P1 observed:

One of the keys is that one has to have the participants be willing to do it and participate and getting a parent that is willing to actually participate in counseling

and go through parenting classes and learn better ways of handling their children and directing their children takes work.

P2, state attorney. P2 has been a prosecuting attorney in the juvenile division for 5 years. P2 reported that juveniles learn about crime from those with whom they surround themselves (other kids or family members) and things they see in their school or in their neighborhood. P2 stated:

What I see with the kids that come back again, and again, and again, and get deeper and deeper into more serious crimes, I would say a huge proportion of them have both parents, a parent, or a sibling, or sibling groups, that have prior criminal history, and then when you layer mental health onto that, I would say probably, 80% of our kids that are back in court that have third, fourth, fifth time criminal charges.

P2 noted that kids may have undiagnosed mental health issues or are using drugs, either self-medicating or just using drugs. Use of illegal drugs in combination with mental health issues influences juvenile recidivism. P2 explained that upon entering the juvenile justice system, juveniles are evaluated, and if there are indications of drug use, they are referred to various service providers. P2 reported that substance abuse does not have a great effect on juvenile recidivism. P2 stated, "I don't think it has as big an impact as it used to. I really don't see as many kids with, with serious drug problems now as I did probably 3 or 4 years ago."

P2 stated that social bonds with families and communities are most important in reducing recidivism. P2 stated:

I think they don't have enough social bonds. I don't think they have enough of a positive role models in the forms of parents, teachers, coaches, pastors, older brothers and sisters, neighbors, there's a lack of those kind of positive influences in these kids' lives, and I think that is a huge factor when it comes to recidivism.

It's a lack of support for the kid.

P2 explained peer influence contributes to juvenile recidivism. P2 stated if a child does not have a strong family or social bond that is pulling them out of the criminal justice system and encouraging them to stay in school, then they are going to turn towards their peers. P2 stated that juveniles who are arrested at an early age tend to reoffend. P2 stated:

Usually when I see a kid who's 16 or 17 and it's their first arrest, that either means that they have made a mistake recently and they have a stronger support because they haven't committed any crimes in the past, sometimes they haven't been caught, but the most concerning thing that I see is kids 13 getting arrested for serious crimes. They're much more likely to reoffend because they just start so much sooner and when they're so young their easily, more easily influenced by older kids.

P2 noted that there is no scientific method to predict if a juvenile will reoffend:

However, from my experience, you look at does the parent show up at the detention hearing, what is the parent's attitude at the detention hearing? The parents will tell you a lot, they'll tell you whether they are having a lot of struggles with their child, they will tell you whether they have a support system or

not. What's their academic history like? Do they have mental health issues? are they using drugs?

P2 explained, to counteract these risk factors, the most important thing would be strengthening the family bonds and the social bonds within the community and educating each particular child. P2 further stated:

I think that sometimes the way our juvenile justice system is structured, there's not really an escalating pattern of consequences for their escalating patterns of behaviors....I think really strengthening community and social bonds to support the parents when the kid, is in their home is important, but I also think educating a kid when they are in the juvenile justice system that the consequences of their criminal behavior should get harsher, if their criminal behavior continues, I think that that could go a long way.

P3, judge. P3 is a circuit judge in the juvenile division both delinquency and dependency for 6 years. P3 reported, "In my experience, juveniles learn crimes from either from their parents or their peers and or the media, environment, social media, the internet, popular media, so their overall environment." P3 stated the family criminal history has a significant effect on juvenile delinquency and juvenile recidivism. P3 explained:

I had kids that were also foster kids, so I had kids that had been in the system most of their lives and their delinquency histories began very early, and then you had kids who came into the system when their parents went into the adult criminal

system and so to a certain extent some of them came in with that as their beginning learning environment.

P3 reported, that adverse childhood experiences, early trauma, anything from direct physical trauma to the child to the emotional trauma of the injury or death, mental health or incarceration of a parent or parents, or siblings or other close relatives are specific mental health issues that influences juvenile recidivism. P3 believed substance abuse has a major effect impact on juvenile recidivism. P3 also stated, if the presenting offense is a drug charge then new charges will be substance abuse related. P3 reported that the juveniles with whom he works have a history of lack of education, and frequent truancy. P3 strongly believed that the parent-child bond or a bond with a mentor, teacher, or coach is important in reducing recidivism:

The problem I found for the most part that the parent-child bond was weak, the children were frequently presenting with behavioral issues starting at a very early age and, I think, a lack of normal socialization, parenting, discipline, was frequently lacking.

P3 believed that peer influence has a major effect on juvenile recidivism especially when gang affiliation is involved, P3 believes juveniles who are arrested at a younger age are more likely to re-offend than those are arrested older. According to P3:

I think that the kids that were deepest in, generally started early. You don't see a lot of kids that are 12 or 13 but the kids that you see time after time after time again when they're 15, 16, and 17 started when they were 12 and 13.

P3 believed that to counteract the risk factors,

. . .we need more prevention programs, more therapy, earlier mental health intervention. I think a fair amount of delinquent behavior, particularly, violent or, violent behavior, battery, school disruptions, fighting, are a result of undiagnosed and/or untreated mental health. For instance, we found that a noticeable number of girls who were fighters, disruptive at school or who ran away, had been abused at some time when they were very young and a fair amount of the boys as well, so early sexual abuse leads to posttraumatic stress disorder, which leads to bad behavior. If it were addressed as a behavior mental health issue, earlier, diagnosed and addressed earlier in the child's life, I think you would have better results.

P4, licensed clinical social worker. P4 has been providing mental health, sexual offender, and family counseling for juveniles for over 35 years. P4 believes juveniles learn crime mostly from peers: "I think they learn it in groups. I think they sometimes learn it from their families, but mostly peers." P4 expounded that drugs in the family and criminal involvement is passed on to the children. P4 stated, "Kids sometimes will go the opposite direction, however, by the time they get older, I think they follow in their parents' footsteps." P4 believed that depression and anxiety and other severe mental illness involved affect recidivism. P4 reported that juveniles who enter the juvenile justice system with mental health issues are referred for mental health services, however, there is usually a lack of parental involvement. P4 explained that substance abuse does have a significant effect on juvenile recidivism mainly because "when juveniles are under the influence of illegal substance, they don't care and are going to violate." P4 further

explained that the school experience for juvenile delinquents with whom she has worked is mostly nonexistent. P4 stated, “They’re flunking out of school, if they’re going at all, most of them have dropped out, the family is not supporting them into going into school, or the family is, has given up because they can’t get them to go to school.” P4 elucidated that the most important social bonds in reducing recidivism among juvenile delinquents are healthy friendships, healthy family involvement, healthy community structure, and church involvement. P4 stated that peer influence is significantly related to recidivism among juveniles because they get together in groups and do more damage. In reference to comparing the recidivism rate of juveniles who are arrested at a younger age than those arrested at those arrested when they are older, P4 explained that she has observed a better result if the juvenile is arrested at a younger age. P4 emphasized that from a counselor standpoint, counseling does make a difference in redirecting the juvenile’s negative behavior, “but we don’t always catch them.” P4 stated, there is no method that predicts with 100% certainty if a juvenile will reoffend; however, different scales are used based on the offense. P4 further explained:

I do look at whether there’s mental illness. I do look at mental illness. I do look at their school performance. I do look at drugs and alcohol, put them all together and, and that gives us somewhat of a crystal ball.

To counteract these risk factors, P4 emphasized that the entire juvenile justice needs to be revamped. P4 noted:

We need to be able to have intervention with the family at a much younger age, before they’re arrested. Before they’re in trouble. We need mental health going

into the families at a lot younger age, beginning with Healthy Start Programs.... We need mental health. You look at our society right now and what's happening with ISIS, and some of the things that are happening that we are seeing on the news every night. Some much of it is mental health related, so right there's our sign that we need intervention into the homes for everyone, and we don't have it. Mental health is not available. It's not available for everyone. It's expensive. If you don't have insurance, it isn't available.

P5, clinical director. P5 is a licensed clinical social worker who has conducted mental health assessments and provided individual and group counseling based on the juveniles' need for over 35 years. P5 expressed her beliefs that juveniles learn about crime from their environments, families, and peers. In reference to the effect of family criminal and family mental health history, P5 stated that these factors have a critical effect on juvenile recidivism. P5 stated that ADHD and bipolar and mood disorders are mental issues that could result in juvenile recidivism if not identified and treated. P5 further explained that if juveniles enter the juvenile justice system with a mental health disorder, they are referred to the appropriate service provider based on their needs. On the subject of substance abuse and its effect on juvenile recidivism, P5 stated, "Substance abuse has an enormous impact on juvenile recidivism." P5 strongly believed substance is probably the number one factor in determining recidivism. P5 also stated the majority of the juveniles commit delinquent acts to support their substance abuse habits. Relative to the school experience for juvenile delinquents, P5 stated, "I have kids who are on honor

roll; however, the vast majority of them are either not really going to school or planning to get their General Educational Development (GED) but haven't put anything in place."

P5 stated that the most important social bond to reduce juvenile recidivism is parents, not necessarily biological parents, but adult role models. P5 also explained:

In my experience working with juveniles, the same sex parent is extremely important in their lives....; however, the majority of them have one parent in the home and no contact with the absent parent. Likewise, some don't feel any bond to a parent figure and in those cases, their peers are their biggest social influence.... For this reason, peer influence has an enormous impact on increasing recidivism among juveniles.

In comparing recidivism and the relationship to the age of first arrest, P5 indicated that younger juveniles tend to recidivate because they have more years to get into trouble.

P5 further explained:

We definitely see if we get a kid who is 15 to 16, which is pretty much our average age. We might see them back once, we might even see them back twice, We have some kids that started at 12) and 13, we see those kids probably five to six times, they come through, so, I mean, just based on that alone, the younger the age, the more likely they are to be involved in juvenile justice throughout the years.

When asked, what method is used to identify or predict whether a juvenile is likely to reoffend? P5 responded, "The obvious answer is successful or unsuccessful

discharge from counseling.” P5 stated that positive peer influences, consistency with the Department of Juvenile Justice’s pendulum and a balance within the Department of Juvenile Justice are tools that could use to counteract the risk factors.

P6, licensed mental health counselor. P6 has been providing mental health, substance abuse, anger management, and family counseling to juvenile delinquents and their families for over 25 years. P6 stated that crime becomes a rite of passage for some because crime is a risk -taking behavior; P6 explained,

the juveniles learn crime from the home and other antisocial peers. Family criminal and family mental health has a huge effect; we see it all the way up. We see families reunited in jail based on uncles, sisters and brothers, as a result, a lot of times it is difficult for child to break out of their family’s pattern.

When asked, if a juvenile enters the Department of Juvenile Justice with a mental health disorder, what procedures and protocol, to your knowledge, are in place to assist them?

P6 notes:

juveniles are assessed, if mental health issues and substance abuse issues are identified, they are referred for treatment. We see a lot of Bipolar and head trauma, the impact on recidivism due to substance is significantly high. P6 further stated, this is because, they have not changed their peer groups and use illegal substances to self-medicate anger management issues and Bipolar.

P6, described that the school experience for juvenile delinquents, mostly males, are they struggle with reading skills, easily distracted due to Attention Deficit Hyperactivity Disorder (ADHD), and are usually kicked out of class.

P6 believed that positive social bonds are important to reduce recidivism. P6 explained:

coaches, mentoring within the schools, structured activities to manage their free time as all social bonds that important in reducing recidivism. P6 stated the juveniles have social bonds with others, however, the bonds they have are more problematic more than their strengths.

In reference to peer pressure and its influence on juvenile recidivism, P6 said, I think peer pressure comes more from recognition and popularity that they take the risk that could get them arrested. When comparing age of arrested in reference to reoffending, P6 expressed, I think the younger that juvenile get into crimes, the more normalized it is for them, it more difficult to make a change.

P6 explained, to identify or predict whether a juvenile is likely to re-offend, the Jesness Awareness test be administered pre-and post- treatment, however, the support of the juvenile and the juvenile's expectations should be taken into consideration. Programs such as the Marine Institutes, Juveniles Justice programs, academic program are all programs that are in place for juveniles who are likely to reoffend.

P6 believed community ties and employment are tools that can counteract risk factors.

P6 expressed:

to counteract this risks factors, juveniles need to be more involved with stronger community partnership, more rewards and employment placement. I think there are more test that are used to measure adolescent and delinquent behavior, such as

the California Youth Authority, also the demographic area, urban or rural and the juveniles should be taken into considered.

P7, licensed clinical social worker. P7 has been a supervisor within her organization for 10 years. P7 believed family criminal history and family mental health history have a significant effect on juvenile recidivism.

P7 explained:

through my experience with the juvenile justice system, unfortunately older brothers, cousins, fathers, mothers, and their friends are involved in the criminal justice system, so the juvenile kind of follow suits. Family criminal history, I think have a very high effect on recidivism among juvenile delinquents. P7 further explained, if the families are involved in criminal behaviors, the juveniles may have an outlook in general that law abiding isn't really the biggest thing. P7 expressed, sometimes parents have severe mental health issues, such as ADHD, oppositional defiant disorder and are not getting the proper help, as a result, they are unable to provide the juveniles may not have proper supervision, the juveniles be exposed to domestic violence issues, all those things that could certainly lead to them committing crime again.

When asked to describe what procedures and protocol, to your knowledge, are in place to assist juveniles who enters the Department of Juvenile Justice with a mental health disorder,

P7 explained:

Juveniles who enter the Department of Juvenile Justice with mental health disorders are referred to the appropriate service provider for treatment, probation officers then ensure that the youth is complying with treatment.

In reference to the effect of substance abuse on juvenile recidivism, P7 expressed, substance abuse has a major impact on juvenile recidivism, for example, a juvenile with substance abuse issues will commit other crime to support his or her drug habit.

It was P7's belief that juvenile delinquents' is not positive. P7 expressed that school experience for juvenile delinquents is not positive. Some juveniles don't go to school, and in most cases, the ones who does attend school are targeted by the resources officers.

It's almost like that radar that the school resource officer and teachers have on them.

When asked to described social bonds the juvenile delinquents have.

P7 noted:

family involvement, positive relationships with mentors, churches, and peers are social bonds that need to be active among juveniles to reduce recidivism. P7 further stated, unfortunately, the juveniles don't have the family support, they don't have those positive influences, many of them especially don't have positive male influences in their lives.

In reference to the effect of peer pressure on juvenile recidivism, P7 believed peer influence has a fairly high effect on juvenile recidivism, but don't believe it's as high as everyone has put out there historically, P7 also noted:

I think more of it is still founded around the family. I think if the youth was brought up and had better positive family influence, they could make better decisions even with peer influence.

When comparing the likelihood to reoffend based on age of first offense, P7 stated, the younger the juvenile, the higher their chance to reoffend. This happens basically of their level of competency. P7 stated that one method that is used to identify or predict if a juvenile is likely to reoffend is the Positive Achievement Change Tool. Using this method provides the protective and risk factors, the Department then targets the risk factors. P7 noted, to counteract the risk factors, it is importation to plug in the right resources, if mental health is the issue, target meant health.

P8, judge. P8 is a circuit judge in the juvenile division for 3 years. P8 informed, juveniles learn crime from school, social media and parents who are involved in the criminal justice system.

P8 stated:

I perceived several of the cases that come through the system, the juveniles have a parent in jail, so they are familiar with the fact that, life exists. I think family criminal history and family mental health issue have a very forceful impact on juvenile recidivism. Basically, if they live in a culture involving parents and grandparents and family members who are in the system and who mental health issues it's a pattern that they developed and are exposed to, I think it directly impacts them.

P8 believed substance abuse a very high effect on juvenile recidivism,

P8 stated:

I think it is one the main connection with the juvenile recidivism. In reference to school experiences for juvenile delinquents.

In reference to school experience of the juvenile delinquents, P8 emphasized, school experiences for juvenile delinquents is extremely difficult, they get kicked out of school and trying to get back in. It requires a lot more involvement the second or the third time around.

When asked to describe bonds that the juvenile delinquents have or don't have, P8 stated, parental involvement, social worker in the schools and positive social relationships are example of social bond that are most important to reduce recidivism. However, there is a lack of or little bonding with their parents or the adult figure in their lives. The bond that they do have is with significant other who is usually another underage problematic juvenile delinquent. The social bonds that are negatively impacting the juvenile, are things like peers who are in trouble, or kids who are under the supervision of DJJ. That emotional motivation is a whole lot stronger and, it's a stronger connection than the parental authority. For this reason, peer influences on juvenile recidivism plays a significant role. P8 reiterated, it is very strong, the relationship amongst peers is a very strong relationship. It overtakes and overpowers the parent-child relationship.

When comparing the age of first arrest and reoffending,

P8 stated:

I think being arrested at a younger age has a much more effect and maybe a better effect to stop recidivism, if you can stop an eleven-year-old from in his or her tracks, hopefully treatment services will get their attentions. P8 continued, the older ones if they are not arrested until they are sixteen or seventeen, they are more set in their ways, they are more independent, more self-reliant, they are less likely to respond positively to a parental unit.

P8 informed, the PACT Assessment is one tool that is used to predict if a juvenile is likely to reoffend.

P8 stated:

I have never been a part of one, however, it is outlined in the predisposition report that is provide for the juvenile's disposition. If a juvenile is likely to reoffend, strategies or program that are in place are commitment programs, counseling and community interventions.

To counteract these risk factors, P8 stated, it come from education from a preventive standpoint. Educate the juveniles about risks and problems so they can avoid it. P8 also stated implement a curriculum in school that deals with the consequences of crime, something like Judge Kelley's book on the Consequences of Crime Workbook. P8 further stated, the juveniles need to feel important, appreciated and loved.

P9, judge. P9 has been a circuit judge for 14 years, 8 years of which he served in the juvenile division years. P9 reported that juveniles learn crimes from their environments, their own independent acts, peer pressure, and unfortunately, from their parents or older siblings. P9 believed one specific mental health issue that influences

recidivism among juveniles is Bipolar Disorder. P9 further explained if a juvenile enters DJJ with a mental health issue, the juvenile is referred to services.

In reference to substance abuse, P9 believed substance abuse has a great effect on juvenile recidivism, even more than mental health.

P9 highlighted:

if not, all the juveniles in some way or another have a chemical dependency to one form of a substance or another.

When asked what social bond in importation to reduce recidivism? P9 stated, the most important social bond to reduce juvenile recidivism is the positive parent-child bond. In addition, P9 explained, I think our parents are our greatest influence in our lives. The social bonds that the juvenile don't have is positive adult or female role model.

When comparing the likelihood to reoffend based on the age of first offense, P9 explained, the younger the juvenile at the age of first arrest, the higher the reoffend rate. P9 also noted, I think for a lot of the younger ones that start offending early on, you just see the pattern grows and grows and grows.

P9 states, program or strategies that are in place for juvenile who are likely to reoffend are counseling and mentoring programs, however, it depends on the community in which the juvenile resides as there are little to no resources in some communities.

When asked what can be done to counteract these risk factors? P9 stated, to counteract these risk factors, P9 informed, it's going must start in the school system, our teachers are the first to notice the behaviors and we need to be much more aggressive in trying to alter negative behaviors.

Data Analysis

In this research, I adapted the hermeneutic phenomenology principles and methodological values established by Colaizzi (1978) and van Manen (1997), which were also adapted and implemented by Ajjawi and Higgs (2007). Ajjawi and Higgs' research design not only uncloaked the phenomenon's essence but also implied the meanings from the participants' descriptions. Accordingly, I adapted the systematic data analysis strategy for this study.

The eight stages of the data analysis include immersion, understanding, abstraction, synthesis and theme development, illumination and illustration of the phenomena, integration and critiques, identifying the fundamental structure of the phenomenon and returning to the participants for validation. In data analysis, Colaizzi (1978) and van Manen (1997) theoretical approaches include isolating thematic statements from the description from those who have experienced the phenomenon. The respondents in this study provided their perceptions based on their experiences working with juvenile on the impact of specific risk factors on juvenile offenders' lives. van Manen (1997) states "The task of the analyst is to identify recurring themes in the data (van Manen, 1997). Colaizzi (1978) theoretical approach was developed and implemented to establish a systematic method of data analysis that is designed to capture and describe the essence of the phenomenon being investigated.

The themes were based on the relationships discovered in the coded data. They appeared in at least six out of the nine participants' responses. The NVivo program was used to identify twelve themes based on the research questions. The research questions

aligned with these themes and responses of the participants identified as P1, P2, P3...P9. and so on. Following the participants' perspectives, are the hermeneutical reflections on their experiences working with juvenile delinquents.

Results

I asked the participants a total of 16 questions about their perceptions on juvenile recidivism. The participants were identified as P1, P2, P3, and so on. The results are presented in light of the emergent themes and their relationships to the research questions. Table two provided the emerging themes from the research questions.

Table 2

Emerging Themes From Research Question

Theme	Research questions
Peers	RQ1: How are sources of modeling and imitating aggressive behaviors (i.e., parent, other family, peers) likely to influence recidivism by juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?
Environment	RQ3: What risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professional?
Family criminal and mental health history	RQ3: What risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professionals
Assessment	Additional theme

Substance abuse	RQ3: What risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professional?
Not attending school	RQ3: What risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professionals?
Parental bonds	RQ2: How do the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile offenders aged 17 and 18 years predict the likelihood of juvenile recidivism, as perceived by juvenile justice professionals?
Lack of parental bonds	RQ3: What risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professionals?
Peer influence	RQ1: How are sources of modeling and imitating aggressive behaviors (i.e., parent, other family, peers) likely to influence recidivism by juvenile aged 17 and 18 years, as perceived by juvenile justice professionals?
Young offenders	RQ3: What risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years as perceived by juvenile justice professionals?
Counseling	Additional theme
More resources	Additional theme

Research Subquestion 1

How are sources of modeling and imitating aggressive behaviors (i.e., parent,

other family, peers) likely to influence recidivism by juvenile aged 17 and 18 years, as perceived by juvenile justice professionals? Two significant themes, peer and peer influence, were revealed, indicating the significant effect peer and peer influence have on juvenile recidivism. Questions 3 and 11 from the interview protocol (Appendix E) were in response to the research subquestion.

Peer. I asked the study participants to share their perceptions on how juveniles become involved in delinquent behaviors. Six out of nine participants (67%) expressed that peer involvement and peer influence account for a significant contribution to juvenile delinquency and juvenile recidivism. The participants' responses to interview question 3 were:

P1: "How to go commit it [crime], I would say mostly through peers and some of it may be through family, uh, it depends on the individual."

P2 responded:

How do I think juvenile delinquents learn about crime? That's a good question. I think a lot of it comes from who they surround themselves with, either other kids or the family members, things that they see in their school or in their neighborhood, in terms of how they learn about how to commit crimes; sometimes I've seen that they don't even know what they are doing is a crime until they've actually been arrested or charged.

P3: "Either from their parents or their peers and/or their peers, and/or the media environment, social media, the internet, popular media, so their overall environment specified by either their either/or their parents or peers."

P4: “Peer mostly, either from their parents or their peers and/or their peers, and/or the media environment, social media, the internet, popular media, so their overall environment specified by either /or their parents or peers.

P7: “Family circles, friends, and if it’s not the family’s, sometimes the community or the friends that they keep are also involved in the system, so I think they just kinda follow suit.

P8 responded:

Peers, school, television, movies, um, parents, parents who are themselves incarcerated, parents and grandparents, family, that’s how I perceive that a number of the cases that come through the system. A kid has a parent in jail, so they are familiar with the fact that, that area, that, that, life exists, talking to one another at school between classes or whatever. I don’t know that they learn about it some much from teachers necessarily, but some of the shows on television can be very dark.

Peer Pressure. Likewise, another six out of nine (67%) of the participants expounded that not only does peers contribute to juvenile but also peer influence. Kirk and Sampson (2013) and Paternoster et al. (2013) confirmed that 80% of juvenile delinquents in Chicago who were arrested, were arrested with other deviant peers. The authors also stated that being arrested with co-offenders established that association with deviant peers increased co-offending (Kirk & Sampson, 2013; Paternoster et al., 2013). The following were the responses to the interview question, based on your experience

working with juvenile delinquents, which types of influence have the greatest impact on increasing the risks to the offender?

P1: "Peer influence. I don't know that there's anything that has a higher impact on it."

P3: "Peer influence it's huge. Particularly here where they have gangs.

P4: "Peer influence has an effect, because they get together in groups and, and do more damage."

According to P5:

Peer pressure, enormous. Depending on what peers they surround themselves with, a majority of these kids are not gonna change their peers, so they think, "well if they're doing that I'm not gonna do it," but, probably 80% of the time, they go right back to the same behavior with those same peers. So, without changing them, peer influence is with any kid, peer influence is probably 98% of their behavior.

P6 stated:

I think peer pressure as people with being like an encouragement or do this or do that, our, our young teens are saying this is what I'm choosing to do. I think the peer pressure comes more from recognition and popularity and an identity that they're building more than it is just peers egging or cheering on or jeering on other peers, I think it's become popular even to some of the more high academic group that they take risks that could get them arrested.

P8 expressed:

I think it plays a huge role. I hate to use that word again, but it's a very strong, peers are, the relationship amongst peers is a very strong relationship. It overtakes and overpowers the relationship that a child will have with their parent who they think is stupid or they don't understand, or they, they're not going through what I'm going through, not recognizing they're too young and inexperienced to understand that the parent has been right where they are.

Hermeneutical reflection. Participants in this study shared their experiences and perspectives on the peer and peer influences on recidivism among juvenile delinquents. For example, several participants expounded that peer relationships and peer influences have a significant effect on juvenile recidivism; as a result, juveniles predominantly learn crime from their peers. Participants reflected that they have observed juveniles who are raised in positive, crime-free environments, but then fall into the company of peers who influenced them to commit crimes. P5 reported that juvenile delinquents continue to reoffend because they refuse to change their circle of friends. P8 expressed that though peer influence is extremely important to a child's growth, the negative effect from peers who are involved in the juvenile justice system does contribute to juvenile delinquency.

Research Subquestion 2

Research subquestion 2 asked, how do the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile delinquents aged 17 and 18 years predict the likelihood of juvenile recidivism, as perceived by juvenile justice professionals. One theme emerged that demonstrated the most important bond in reducing recidivism among juvenile delinquents is the parental bond. Question 9 of the

interview protocol (Appendix E) was in response to this research subquestion. Five of the nine participants strongly expressed their thoughts.

P1: “If the parents don’t care about them, if they’re left kinda to their own devices most of the time, kids know that, and I think that that has a big impact on it. If that family environment is there of ‘I really don’t care, you’re too much work.’”

P3: “Parent-child bond and a bond with a mentor. Best education like a teacher or coach or somebody like that.”

P5: “By and large, parents. And I guess I should back that up a little bit, not necessarily parents, as in biological parents, but adult role model caretakers.”

P8: “Certainly parental involvement, whether it’s a parent or guardian, a grandparent, whoever is the parental figure in that child’s life, is, their involvement, their impact, their motivation is extremely important.”

P9 stated:

I think it’s the parents. With all of us, I think our parents are our greatest influence in our lives, and I understand we don’t have what we can see in a lot of cases as traditional families, but still as long as you have one family member or at least some loved ones, and I’m talking about not only moms and dads, I’m talking about grandmas and grandpas, uncles and aunts, that can be positive role models and the child can identify very quickly with because this is essentially your blood.

Hermeneutical reflection. Hirschi (1969) began with a fundamental premise that all criminal behavior requires, in some form, the creation of criminal motivation. Hirschi believed that everyone, beginning at birth, possesses the hedonistic drive to act in the

kinds of selfish and aggressive ways that lead to criminal behavior. Hirschi held that the bonds people form to prosocial values, prosocial people, and prosocial institutions end up controlling behaviors when they are tempted to engage in criminal or deviant acts.

P9 described the importance of positive parent-child bonding.

I understand, we don't have what we can see in a lot of cases, as traditional families, but still as long as you have one family member or at least some loved ones, and I'm talking about, not only moms and dads, I'm talking about grandma's and grandpa's, uncles and aunts, that can be positive role models. The child can identify very quickly with because this is essentially your blood, that has an impact on those children. Being the child of a widowed mother, at a very young age, and be raised by my mother by herself, I can tell you that my mother's stability probably led to my long-term stability in terms of my accomplishments and all the goals that I set out to do. But not every child has that advantage and I think the system is set up to try to accommodate that, but we can't always fill that void that child doesn't have, especially in, what we're built to do.

Research Subquestion 3

Research subquestion 3 asked, which of the risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals? Questions 3, 4, 7, 8, 10, and 12 of the interview protocol (Appendix E) were in response to this research subquestion. Six themes emerged that indicated causes for recidivism among juvenile delinquents.

Environment. Four (44%) of the nine participants reported that environmental factors can contribute to juvenile delinquency and juvenile recidivism. Another avenue of how juveniles learn crime is through their surroundings. According to P5:

I do say overall, I think its environment. I think it's, the family they're raised with, it's the environment they're raised in, and that's not a given, because at times they're raised in perfectly fine environments, no crime, but they get with peers that influence them, and in that way, it's environment.

P3: "I believe that some of it is nurtured from the home, by life that's going on around them."

P6: "Either from their parents or their peers and/or their peers, and/or the media environment, social media, the internet, popular media, so their overall environment specified by either their, either/or their parents or peers."

P9: "Again, just going by my past experience, it may be the environment that they grow, that they been, that they have been surrounded by. It may be of their own independent acts."

Family criminal history and mental health history. Family criminal history and family mental history accounted for significant risk factors that contribute to juvenile delinquency and juvenile recidivism. Junger, Greene, Schipper, Hesper, and Estourgie (2013) posited that the likelihood of criminal convictions for an individual seems to increase with the number of convicted family members. Seven (78%) of the nine respondents reported that family criminal and mental health history have a significant

effect on juvenile recidivism because juveniles frequently model and mimic their parents' behaviors. P1 stated:

I would say it has a very large effect. It seems that the vast majority of our cases, I would go so far as to say 85% or more, the parents or family members, have been involved in the criminal justice system, and a pretty sizeable percentage have also been involved in the dependency system as well, so, I think that history, including mental health, criminal history, etc., is a pretty high indicator when it comes to juveniles in the juvenile justice system.

P2 noted:

What I see with the kids that come back again, and again, and again, and get deeper and deeper into more serious crimes, I would say a huge proportion of them have either parents, a parent, or a sibling, or sibling groups, that have prior criminal history, and then when you layer mental health onto that, I would say probably 80 percent of our kids that are back in court that have third, fourth, fifth time criminal charges.

P3 responded:

I had kids that were also foster kids, so I had kids that had been in the system most of their lives and their delinquency histories began very early, and then you had kids who came into the system when their parents went into the adult criminal system, and so to a certain extent some of them came in with that as their beginning learning environment.

P5 stated:

I think it has a very large effect. However, could have effect either way, could have the effect as in the adolescent saying, 'it's good for them, it's good for me,' so they're raised in that environment and it's just the way the whole family is, so they kinda fall into that, or the parent possibly is locked up, something to that effect, and in that case, a lot of times the kid goes the other way and says I don't want to be like that. I think it has a huge effect though on the family criminal history, I think definitely has a huge effect.

According to P7:

I think it's very high, as far as recidivism, if the families involved they may have an outlook in general that law abiding isn't really the biggest thing. As far as mental health goes, same thing, sometimes parents have severe mental health issues and they're not getting the proper help so, therefore, the kid may not have proper supervision, they may be exposed to domestic violence issues, all of those things that could certainly lead to them to committing crime again.

P8 noted:

I think it has a very forceful effect. Basically if they live in a culture involving parents and grandparents and family members who are in the system and who both have mental health issues, substance misuse issues, criminal issues, it's a pattern that they develop and that they're exposed to and, I think it directly impacts them.

Substance abuse. Eighty-eight percent of the respondents voiced that from their experiences and perspectives, substance abuse has the most significant effect on juvenile delinquency and juvenile recidivism. For example, P1 reported:

A very large part of our caseload actually stems from substance abuse issues and addiction and I think that is true for juveniles. I think it's a shame that many of them seem to have issues with cannabis and that is downplayed as not being a big deal. But the impact that the THC has on these kids during these developmental stages when they are as young as they are, its huge and, I think that causes major long-term consequences.

P3: "It's huge. Generally, though, if the presenting offense is a drug offense then frequently the violations of probation or new charges will be substance abuse."

P4 observed:

Huge. Huge. Because if you're stoned you don't care and you're gonna violate your probation, you're going to be out there hanging with all the wrong people, in stupid places, stupid people, stupid things, and that all goes together with substance abuse.

P5 stated:

I would say enormous. I think that in my opinion, from what I've experienced, that's probably the number one factor in determining recidivism. Just simply by the nature of the of doing substances, you almost have to be that sneaky kind of criminal thinking in order to continue with the use, so, I think that's probably the largest factor.

P6 noted:

It is significant due to the fact that they have not changed their peer groups and their peer groups may general take risks and use weed to self-medicate anger management issues or self-medicate bipolar. I think all of that has a lot to do with the recidivism. Being high or out of school or skipping school to get drugs and use drugs has a lot to do with their ability to move forward.

P7 responded:

“Major. Anywhere from, if they have a serious drug addiction, they might continue stealing or doing whatever they need to do to get the drug. The other part is kids that even it is only marijuana they might be on probation and their refusal to connect to the fact that smoking is going to keep getting them violations and digging them further into the system.”

P8 stated, “I know that it is huge. It is a direct impact. It’s a very, it’s a huge impact and I think it is one of the main, connections with the juvenile recidivism – the substance misuse.”

P9 noted:

It has a great impact and much more I believe than mental health, It’s interesting that a lot of them start with cannabis and as they journey through the juvenile system, they taste, test positive for opium, methamphetamine, cocaine, which says that they have started to escalate the substance problem. I would say that the chemical dependency is one of the major factors.

Not attending school. Of the nine participants, five reported that the school experience for most juvenile delinquents is discouraging. For instance, P5 shared:

The juveniles' school experience is very mixed. Some of the kids still do great in school. I have kids that are on honor roll; however, the vast majority of them are either not really going to school, or in a gang, conservatively probably 40 to 50% are planning to get their GED's. Having said that, they haven't put anything in place to do it, it's just in their mind, "I'm gonna get my GED", but they have not done the things they need to do, so I would say definitely being involved in juvenile justice, using substances, has a huge negative effect on their school experiences.

P1 stated:

Many of them by the time they get to me are not in any school regularly, they're going because it's compulsory. If they know they're going because it's compulsory, but they're not going and they're not doing, they're not participating, and they're more often than not causing a disruption.

P4 observed:

They're usually getting in trouble in school, they're flunking out of school, if they're going at all, most of them have dropped out, the family is not supporting them into going into school, or the family has given up because they can't get them to go to school, so, yeah, school is mostly nonexistent.

P7 noted, "I feel like too many people at schools that shouldn't even know the child is on probation do. In my opinion, they're just not really getting the right education anymore."

P8 responded:

This school, this pattern of lack of learning has begun even before we ever get to the part where the child is in DJJ and, and before the judge for, you know a decision and by the time they're actually standing in front of me, I hear many times, you need to be in school as part of your condition of probation or work or combination of school and work and, "I've been kicked out." Your obligation then is to get back in, but getting back in is not the simplest process in the world.

P8 further stated,

It requires a lot more involvement the second time around or the third time around to try to get an expelled child back into a school environment. The culture of learning is gone and the child's ability to reengage and learning practices, in a mindset of and a desire to learn to improve their knowledge and their skills is so far down on any priority list that it becomes difficult for the child to get back into a place where they can either get back into school or even potentially get a GED.

Lack of parental bonds: Porter and King (2015) posited that separation between parents and children matters because it can influence affective relations between parents and children. Time invested in children is associated with child well-being (Porter & King, 2015; Pleck, 1997), and classic control theory suggests that relations with parents exert a strong influence on delinquency (Porter & King, 2014; Hirschi 1969). In Hirschi's (1969) idea of attachment, the separation of a father may sever the bond between father and child. Three of the nine participants expressed that the lack of

bond between parents and children has a significant effect on recidivism among juveniles. According to P2:

I think they don't have enough social bonds. I don't think they have enough of a positive role models in the forms of parents, teachers, coaches, pastors, older brothers and sisters, neighbors. There's a lack of those kind of positive influences in these kids' lives, and I think that that is a huge factor when it comes to recidivism. It's a lack of support for the kid.

P3 concurred but noted: "I found for the most part that the parent-child bond was weak. The children were frequently, presenting with behavioral issues starting at a very early age and I think a lack of normal socialization, parenting, discipline, was frequently lacking."

P5 observed:

Many of them, the majority of them, have one parent in the home. Again with the majority of them, they don't have much contact with the other parent, with the absent parent, so that's one that they have one, they usually have a bond with one parent. And then there's probably a gang, conservatively maybe 25%, that don't feel any bond to a parent figure at all. In those cases, their peers are they're biggest social influence for sure.

Youth offenders. Age of first offense is one of the most common factors for juvenile recidivism. Researchers have argued that delinquency and criminal activities at a younger age were significant predictors for juvenile recidivism. Younger children at first contact with the juvenile justice system were significantly more likely to be arrested than

older youth (Hong, Ryan, Chic, & Sabri, 2013). Five of the nine participants believed that youths who become involved in the juvenile justice system at age 12 and younger tend to become further involved in the system.

P1: "It really depends. It seems like most of the time if they have been arrested younger, it's often indicative of a long road ahead for everybody. Recidivism is higher when they are arrested younger."

P4:

I think at a younger age, I've seen better results because there again, we have the Diversion Program. Where usually we can influence them then. Both from a counseling standpoint and I think as an agency standpoint for DJJ as well we can make a bigger difference if we can catch them, but we don't always catch them then.

P5 stated:

Definitely higher. The younger ages, and I would assume that that's strictly because now they have more years to get in trouble. m, but, it has, um, we definitely see, um, if we get a kid whose fifteen (15) to sixteen (16) which is pretty much our average age, I mean, if we get those kids, we might see them back once, we might even see them back twice, um, we have some kids that we've started at twelve (12) and thirteen (13), we see those kids probably five (5) to six (6) times, they come through, um, so, I mean, just based on that alone, the younger the age the more, the more likely they are to be, um, involved in juvenile justice throughout the years.

P6 note:

The younger they are, the more, uh, intrinsically internally that they value system has been effected. Takes more time, um, more change in demographics and, uh, intervention in the family to pull them out of those, uh, areas. Uh, recidivism, I think that the younger that they get into the crimes, the more normalized it is for 'em, it's more difficult to make change."

P9 noted:

I think its [involvement in the juvenile justice system] greater for some of the younger ones. I can think of a number of them that I've seen over the years that not only were arrested numerous times beginning at an early age through all through their juvenile years, and then within no time flat, they were adults and the consequences then were much greater because of that past juvenile history. I think for a lot of the younger ones that start offending early on, you just see the pattern grows and grows and grows.

Hermeneutical reflection. Consistent with the research findings presented in Chapter 2, participants in this study believed that family dynamics has a major effect on juvenile recidivism. Participants in this study reflected on their experiences during their years of working with juvenile delinquents and observing them becoming juvenile recidivists. For example, P2 reflected on the effect of the family dynamics:

I would say probably 80% percent of our kids that are back in court have third, fourth, fifth time criminal charges and definitely have a family member who's been involved in the system and/or themselves. They have mental health issues or

their family members do. It's really sad because you see groups of kids that are siblings, and you recognize them by their names and "oh, this is the younger brother or younger sister of so and so and now they're only 12 or 13, and here they come and they are starting to commit crimes. So that's very common unfortunately.

P2 also reflected on the lack of support that some the juveniles have experienced: What I see and what really is disheartening to me is some of the kids that come into the system because they have absolutely no support from their family or from their community. It's almost like people or institutions expect them to commit crimes and don't expect them to not commit crimes and it's very disturbing to me personally.

P9 expressed:

It is rather sad it to watch a child growing in juvenile system and make his way into the adult system, it's sad to watch the tears running down the mother's face. No mother should have to go through this. Mothers should be proud and smiling. It is just sad to see families reunite in jail.

P5 observed:

That most of the juveniles were under the influence of some illegal substances while committing criminal acts. "Conservatively, 60% just from my experience and normally that's a huge factor, like they're, they were already impaired, so they did things that maybe if they had been sober they would not have done.

P7 also noted that juveniles do commit other crimes to support their substance use, “Yeah, I mean if it’s severe enough, um, then yes, I think they would commit a crime to get money to have that, um, but again, the other part is just, um, some of the thought process especially with marijuana, um, with all the back and forth in where’s it legal and what’s not legal, I think it’s just not taken serious by them.”

Additional themes. Based on the foundational question and interview questions, 6, 14, and 16 (Appendix E) three additional themes emerged: assessments, counseling and more resources. I asked participants to share their point of views on tools used to predict re-offending as well as prevention and intervention to counteract these the risk factors that may cause them to re-offend.

Assessment. Four of the nine participants reported that assessment is completed to identify the juveniles’ needs.

P3:

I believe upon intake at the Juvenile Assessment Center that they are pretty thoroughly tested and that the DRAI – D – R – A- I takes that into account when they are scoring the child for the points that would, um, would enable the department or the courts to detain a child.

P5: Um, well, where we’re at, under our contract, we don’t provide mental health services, we refer out; however, um, I think the Department of Juvenile Justice does a great job of getting these kids assessed.

P6:

Um, they did assessments, they used to do the MAYSI, um, which would assess for depression or harm to self or others, um, there's been different assessments through the years to try to identify those students, I think, uh, some of the questions on evaluations or have you ever had any head traumas. We see a lot of bipolar with, uh, adolescents who've had head trauma, car accidents, or unreported injuries and fighting or gang, uh, grouping, and, uh, not taking care of head, head injuries, concussions, and such.

P7:

Um, they, like if they go through a Juvenile Assessment Center, um, they'll often get a TASC Assessment and forgive me, but I don't remember the exact, um, acronym for what that breaks down to but, I'm sure you know what TASC is Uh-huh. so that will kind of, between a TASC and also, um, the mental health substance abuse, um, screening that they do, it will kinda checkbox, um, if something needs more and when that filters through either ourselves, like BAYS, or if it goes to probation, it's supposed to be followed up to, um, to get them some sort of an assessment to see what other services they might need.

Counseling. Forty-five percent of the respondent expressed that one prevention and intervention strategy that is in place for juveniles are likely to re-offend.

P5:

Um, within PAR, we don't necessarily have, I mean, our curriculum is motivational enhancement therapy and cognitive behavioral, um, we don't really

address recidivism in the Juvenile Justice System per se as a topic on its own, um, we discuss all through our services; however, um, we try to get the kids to basically buy into their own future.

P6:

There are, um, it, what they call Marine Institutes, that once they go to school there all day and then they have some counseling at the program, um, that's a Juvenile Program that they use for Aftercare in some places, um, some places are Aftercare with supervision, academic programs, or homework, or sports programs that are working with youth who have, who are, they're working to reduce re-offense.

P8:

Every community is different, every, every, um, county has different things. I know with, um, like in, in (hidden text), the community involvement in, um, for, for a child, um, for counseling, for instance, is gonna be, it's gonna be a different picture for a child (hidden text) than it is in (hidden text).

P9:

Depending on the community you live in because you have to look at the resources of that particular committee, uh, community. Some communities have vast resources from substance abuse, treatment facilities, with outpatient and inpatient accessibility, mental health facilities with outpatient and inpatient accessibility, uh, behavior modification sort of things, mentoring programs. Really, it's depending on the community that you live in as to what you'll get."

More resources. Three of the nine participants reported that despite the current strategies that are in place, more resources are needed to counteract risk factors that contributes to recidivism with the goal to reduce recidivism among juveniles.

P3:

More, you know, more programs, more therapy, earlier mental health intervention. I think a fair amount of delinquent behavior, particular behavior be, particularly, um, violent or, violent behavior, battery, school disruptions, fighting, um, are a result of undiagnosed and/or untreated mental health.

P7:

Uh, again, the plugging in of resources, just looking for, um, ways to, um, again like if it was free time or, um, if mental health came up, then we would do our best to get an assessment, get a therapist, um, any, anything that is identified, we're gonna look for resources to counter that. I guess identifying more resources, um, because some of the agencies that are out there, I feel are just trying to get money.

P9:

(sigh) I think you're gonna, it takes, it, it, it's gonna have to be starting in the school system because if anything, our teachers are the first to notice it, and it's to address the issue, or even more, maybe it's some of the parents who start to notice things, need to be much more aggressive in trying to alter behavior, but on the other hand, of course, when you have these other children who don't have some

of the things we've discussed before, or the financial, or the lady that tried to get the assistance, it's only a matter of time before they end up in the juvenile system.

The explanation of the responses from the participants correlated with the findings of the literature review conducted in this study. For instance, Bandura and Ribes-Inesla (1976) found that social learning theory has a prominent place in the study of criminal behavior. They argued that one's environmental experience influences the social learning of violence in children. Bandura and Ribes-Inesla noted that peers could be responsible for a juvenile's delinquent behavior. If juveniles have not received proper guidance from their parents, then the influence from their peers can lead to delinquent behaviors (Bandura & Ribes-Inesla, 1976).

Hirschi's (1969) social bonds include attachment to others and to social institutions, such as school, and a belief in conventional values and norms that prevent individuals from engaging in crime. Hirschi argued that children's attachment to parents deters antisocial behavior, because children who are close to their parents imagine their parents' reactions to misconduct when temptation arises. Commitment to valued social relationships one does not want risk losing. For example, the juveniles in this study have a strong association with their delinquent peers and criminal parents and their behavior can be influenced, thus affecting juvenile recidivism. Involvement is the association with the way people spend their time. For instance, Hirschi suggested that school represents opportunities for students to become involved and committed in socially appropriate activities that will reduce or prohibit participation in delinquent acts.

Children frequently adapt their parents' behaviors; as a result, their behaviors are linked to that of their parents. For example, children with criminal parents are more likely to become criminals themselves (Huscheck & Bijleveld, 2015). Jackson (2013) found that parents' illegal drug use is a significant predictor of a juvenile delinquency. Likewise, Walter et al. (2011) stated that of 379 offenders that were assessed and followed for 8 years in their research, the results showed that personality disorders and substance use disorders led to high violent recidivism. The study results also showed that 69% had an overlap of personality disorder and substance abuse disorder, and 33% had substance abuse disorder (Walter et al., 2011).

Dehdarzadeh et al. (2014) found that early intervention of social organizations can prevent to some extent these criminal actions among mental retarded populations. The risk factors of substance abuse and mental health disorders often overlap. Behavioral health problems (i.e., mental health and substance abuse issues) are also associated with recidivism (Aalsma, White, Lau, Perkins, Monahan, & Grisso, 2015). Aalsma et al. (2015) found that 19.1% of juveniles had positive mental health screens and 25.3% of the youths recidivated with 12 months after release. Substance abuse disorder elevates the risk of re-offending (van der Put, Creemers, & Hoeve, 2014). Heretick and Russell (2013) found that youths with a mental health disorder who had access to Juvenile Mental Health Court (JMHC) had significantly decreased recidivism rates than youths who were assigned to supervision probation.

Grigorenko et al. (2013) posited that juvenile offenders often show overall poor academic performance and come from inadequate school systems. A disproportionate

percentage of juvenile offenders have learning disabilities or an average reading level of age 10 (Grigorenko et al., 2013). Social bond theory implies that weak bonds with school exacerbates problem behaviors such as truancy and school dropout (Hirschi, 1969; Kirk & Sampson, 2013). Results of studies indicated that arrest reduces the probability of high school graduation and that interactions with the criminal justice system in the form of arrests and incarceration decrease education attainment (Kirk & Sampson, 2013; Webbink, Koning, Vujic, & Martin, 2013). Kirk and Sampson (2013) further asserted that labeling theory, which asserts that being a criminal changes the way educational institutions treat students, is perhaps the most salient prediction.

Students with criminal records may be pushed out of high school based on exclusionary policies (Kirk & Sampson, 2013). Grigorenko et al. (2013) advocated that the education system for juvenile offenders needs to be different from the public education offered to non-offenders because of offenders' special needs. Educational programs for juvenile offenders could include offering a required curriculum that would help them return to the public-school system or programs that focus on developing job skills.

Peer pressure is one of the most contributing risk factors for juvenile recidivism. For example, differential theory posited that behaviors are learned within intimate personal groups. Thus, if youths associate with others who are engaged in a problem behavior, they will have greater opportunity to become involved in that behavior (Monahan, Rhew, Hawkins, & Brown, 2014). Differential theory is consistent with social learning theory (Bandura, 1977), which emphasizes that human behavior is learned by

observing and modeling the behaviors, attitudes, and emotional reactions of others.

Bandura (1977) explained that social learning theory and human behavior is a continuous reciprocal interaction between cognitive, behavioral, and environmental influences. In addition, learning is observational and develops by imitating models. The influence of peers on problem behaviors may be stronger during adolescence, likely because of the increase in the amount of time spent with peers, the importance of peer relationships, and greater susceptibility to peer influence (Monahan et al., 2014). Likewise, Kirk and Sampson (2013) found that deviant peers influence serious offending by child delinquents during the child's transition to adolescence. Research on the relationship of peer rejection as a risk factor for juvenile delinquency and juvenile recidivism is relatively recent.

Evidence of Trustworthiness

The four criteria to evaluate the trustworthiness of a qualitative research are credibility, transferability, dependability, and confirmability, as outlined by Lincoln and Guba (1985). Trustworthiness criteria ensure the rigour of qualitative findings (Anney, 2014). As a result, to enhance trustworthiness of the study as outlined in Chapter 3, I used these four criteria, which I discussed in the sections that follow.

Credibility

I accomplished credibility through member checking. During the initial interviews, I asked for clarification to ensure my written notes would reflect the audio recordings. After the interviews were completed, I reviewed the audio recordings and compared them with my field notes. Upon receiving the recordings from the

transcriptionist that were transcribed verbatim, I read each transcript word for word for accuracy. I also forwarded a copy of the transcribed data to each participant for member checking. Member checking enabled me to identify any misunderstandings of the participants' perspectives and responses. Member checking enabled the participants to acknowledge and respond to their own words. None of the participants provided any clarifications or corrections.

Transferability

To ensure transferability, I provided clear descriptions of the context, culture, selection, and characteristics of the participants. I also used a purposeful sampling of individuals from different organizations to decrease systemic bias and increase trustworthiness. Participants for the study included juvenile justice professionals from different organizations who had experience working with juvenile delinquents. I used thick descriptions to report the results, findings, and interpretations of the study.

Dependability

I established dependability by obtaining detailed field notes. To ensure accuracy, I reviewed the documentation. I compared the data using codes and memos during the coding process. I used the NVivo 11 to cross check and query codes for consistency. I conducted an audit trail. A chain of evidence was stated through comprehensive documentation of the research process of the study (Houghton, Casey, Shaw & Murphy, 2013).

Confirmability

I established evidence of confirmability through using reflexivity and audit trail techniques. I used a journal throughout the study, this minimize my feeling biases. To discover commonalities, I used bracketing to separate descriptive data from other notes I used the NVivo 11 coding system to make certain that all finding and interpretations were based on the participants' words, perspectives, and viewpoints.

Summary

In this study, I investigated the perceptions of effect of risk factors that contribute to recidivism among juveniles aged 17 and 18 years of nine juvenile justice professionals, which included three judges, two attorneys, and four mental health counselors. I conducted in-depth, open-ended, face-to-face interviews to obtain information on their experiences working with juvenile delinquents and juvenile recidivists. The primary research questions that guided this research were (a) to what extent do the risk factors of family criminality, mental health disorder, substance abuse, school experiences, peer influence, and age of first offense contribute to juvenile recidivism? and (b) what can be done to counteract these risk factors from the juvenile justice professionals' perspective? I also used three secondary questions in this study to examine the explanations of the experiences of juvenile justice professionals' perceptions of juvenile recidivism. To analyze the collected data, I used an audio recording and transcription. I used NVivo software to code the data, which yielded 12 significant themes. I discussed the results of the data analysis, which were based on the responses from the interviews.

In this chapter, I provided a detailed explanation of the setting, demographics, data collection, and data analysis procedure. I illustrated evidence of trustworthiness and the study's rigor, credibility, transferability, dependability, and confirmability. In Chapter 5, I discuss interpretation of the study's findings, limitations, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to examine and understand the effect of the risk factors that cause juvenile offenders to recidivate from the perceptions of juvenile justice professionals. Specifically, my goal was to gain a more in depth understanding of the extent to which the risk factors of family criminal history, mental health disorder, substance abuse, poor academic performance, peer influence, and age of first offense contribute to recidivism in juveniles aged 17 and 18 years. I also seek to understand what can be done to counteract these risk factors from the perspective of juvenile justice professionals.

The foundational questions that guided this research were (a) to what extent do the risk factors of family criminality, mental health disorder, substance abuse, school experiences, peer influence, and age of first offense contribute to juvenile recidivism? and (b) what can be done to counteract these risk factors from the juvenile justice professionals' perspective? The subquestions were:

1. How are sources of modeling and imitating aggressive behaviors (i.e., parents, other family, peers) likely to influence recidivism by juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

2. How do the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile offenders aged 17 and 18 years predict the likelihood of juvenile recidivism, as perceived by juvenile justice professionals?

3. Which of the risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

In this chapter, I present the interpretation of the findings, limitations, recommendations for future research, and prospective influence for a positive social change. Also included in this chapter are explanations based on the result from the review of the research data. Future benefits that this study may provide the juvenile justice system during prevention and intervention implementations are also included.

Interpretation of the Findings

The aim of this qualitative study was to examine the perceptions of juvenile justice professionals on the impact on recidivism among juveniles. The findings relative to the research question in Chapter 1 were discussed. The study was supported by the collected and analyzed evidence. My interpretations are included in this section. The study was guided by one foundational and three research subquestions.

Research Subquestion 1

How are sources of modeling and imitating aggressive behaviors (i.e., parents, other family, peers) likely to influence recidivism by juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

Peer and peer influence are two risk factors that significantly impact juvenile recidivism among juveniles aged 17 and 18 years old, as juveniles have more social interactions with their peers. The participants reported that juveniles mostly learn crime from their peers. Not only do juveniles learn crime from their peers, but they are also influenced by their peers to become engaged in delinquent behaviors. The interview data

specified that the majority of the participants voiced that peer influence is one of the most influential risk factors that contribute to juvenile recidivism. I concluded that because of the lack of positive family support, and the feeling to belong, juveniles are more susceptible to their peers and are easily influenced by their peers to become engaged in delinquent behaviors. Juveniles who perceive a favorable response from peers for deviant behavior will then be more likely to engage in that behavior (Meldrum, Miller, & Flexon, 2013). Having a close relationship with deviant peers and isolation from prosocial peers affects drug use and criminal involvement (Wooditch, Tang, & Taxman, 2014).

Based on their experiences, knowledge, and observations, participants in this study reported that peer influence has a significant impact on juvenile recidivism among juveniles aged 17 and 18 years old. The findings from this research subquestion are supported by previous literature as it relates to peer influence and the impact of recidivism among juveniles. For instance, according to Meldrum et al., (2013) peers provide the main social context for adolescents, and peer influence is consistently one of the strongest determinants of delinquent behavior. The influence of delinquent peers happens in a straightforward manner. Adolescents engage in delinquency because of their friends (Meldrum et al., 2013).

The participants' responses supported the approach of both the social learning and social bond theories in which the absence of a positive social bond among an unstructured atmosphere leads to delinquency in which deviant acts would be easier and more rewarding (Hirschi, 1969; Meldrum et al., 2013). Hirschi (1969) held that the bonds form with prosocial values, prosocial people, and prosocial institutions end up controlling

behaviors when they are tempted to engage in criminal or deviant acts. However, when these forms of bonds are broken, then there is no controlling negative behaviors. When juveniles form bonds with and become attached and committed to deviant peers, they are likely to become involved in delinquent behaviors. Time spent with deviant peers increases offending behaviors by providing the techniques, motives, and reinforcement for committing crimes (Sutherland, 1947; Wooditch et al., 2014).

The first research subquestion focused on examining the impact of peer and peer influence on recidivism among juvenile delinquents aged 17 and 18 years. I found that peer and peer influence is deemed one of the most influential risk factors on juvenile recidivism. This interpretation is consistent with Kirk & Sampson (2013) Mennis & Harris (2011) and Paternoster, McGloin, Nguyen, & Thomas (2013) that juveniles who have a history of some delinquent behavior and associate with deviant peers often increase in severity or frequency of offending.

Research Subquestion 2

What role does the social bonds (i.e., bonds formed with parents, peers, and as a result of school experiences) formed by juvenile offenders aged 17 and 18 years predict the likelihood of juvenile recidivism, as perceived by juvenile justice professionals?

To answer this question, I explored the influence of parental bonds as well the lack of parental bonds as they relate to juvenile recidivism. Prior to conducting this research, I had assumed that positive bonds formed with others outside of their parents would be effective in reducing recidivism among juveniles. However, the findings provided information that contradicted to my thoughts. The participants reported that

social bonds formed with parents are most important in reducing recidivism among juvenile recidivists. It became clear that the participants in this study are more concerned with positive parent-child bonds than bonding with others, though positive bonds with the community are important.

The fact that positive ties with communities, for example with churches, teachers, coaches, and other community organizations, could reduce recidivism, the parent-child bond is most significant in reducing recidivism, as the parents are the juveniles' first teachers and greatest influence. This finding supports the theory of Hirschi (1969) that children's attachment to parents deters antisocial behavior, because children who are close to their parents imagine their parents' reactions to misconduct when temptation arises. Based on the participants' experiences, juveniles with a strong family support, positive community ties, and good grades usually do not become juvenile recidivists. Kjellstand and Eddy (2012) said the bonds children have with their parents and schools discourage delinquency during adolescence. Cusick et al. (2012) and Peterson et al. (2014) said bonds to education were associated with a lower risk for arrest. Conversely, the lack of parent-child bond does influence recidivism. When the parent-child bonds are weakened or broken, offending behaviors begin (Hirschi, 1969). Strong prosocial family ties were associated with a decline in criminal behaviors (Cobbina Huebner, and Berg, 2012; Wooditch et al., 2014).

The second research subquestion focused on the influence of social bond to reduce recidivism among juvenile recidivist aged 17 and 18 years of age. The participants' responses support the theoretical framework that bonds people form with

prosocial values, prosocial people, and prosocial institutions end up controlling behaviors when they are tempted to engage in criminal or deviant acts (Hirschi, 1969). These four bonds are in interrelated forms: attachment, commitment, involvement, and belief. Attachment refers to the level of psychological affection one has for prosocial institutions, such as school and parents. The data collected indicated that the most important and effective strategies to reduce recidivism among juvenile recidivists is through parent-child bond.

Research Subquestion 3

Which of the risk factors are most likely to predict juvenile recidivism among juvenile offenders aged 17 and 18 years, as perceived by juvenile justice professionals?

The purpose of research subquestion 3 was to gain an in-depth understanding of the risk factors are most likely to predict recidivism among the subgroup of juveniles from the professional who are closely working with the juveniles. The study participants were asked to describe from their experience the risk factors that contribute to juvenile recidivism. Contrary to my expectation, that mental health disorders would be the main risk factor, majority of the participants reported that if a juvenile is diagnosed with a mental disorder, they are referred to treatment and placed on medication regimen if required. The participants reported that mental health disorder is not the issue, however, the lack of parental support and the lack of financial resources, the juveniles usually do not receive the necessary treatment and medication. As a result, the juveniles often use illegal substances to self-medicate. Juveniles often become addicted to the illegal substance and have committed crimes to support their habits. Substance abuse being one

the risk factors that has a significant negative impact on juvenile recidivism is consistent with van der Put, Creemers and Hoeve (2013) and Hoeve et al., (2013) substance abuse disorder elevated the risk of re-offending, net of prior offending behavior. Eighty-eight percent of the participants indicated that substance abuse has an enormous negative impact on juvenile recidivism.

On the other hand, the interview responses indicated that, young offenders, lack of parental bond, not attending school, substance abuse, family criminal and mental health history and environment are risk factors that predict recidivism among juveniles aged 17 and 18 years. These risk factors also significantly impact juvenile recidivism. This finding is consistent with various research literature. For example, Hong, et al. (2013) delinquency and criminal activities at a younger age were significant predictors for re-arrest (Hong, et al., 2013). Study also revealed that younger children at first contact with the juvenile justice system were significantly more likely to re-arrested than older youths. Environmental factors, including parents and other family members' history of criminal activities have a great influence on juvenile recidivism. Juveniles imitate and model the behaviors that they are accustomed to or believe that such behaviors are normal.

The participants stated that family, including; parents, legal guardians or other family members' criminal history and mental health issues does have a very high impact on juvenile recidivism. I concluded that the lack of parental support along with the significant impact of their criminal influence on juvenile recidivism among juvenile recidivists. The finding for this subquestion is supported by previously literature review on risk factor that contributes to recidivism (Ryan, Williams, & Courtney, 2013). Some

participants reported most juvenile delinquent behaviors begins and during the time of their parental incarceration, as they believe if this behavior is good for their parents, then it must be good for them also. As a result, juveniles who are raised in such environment and have no other positive support system will tend to adapt the same pattern. I interpret these similar responses based on the participants' experiences, knowledge and perceptions. For instance, Huschek and Bijleveld (2014) behavior of children is linked to that of their parents and intergenerational behavioral continuity also relates to deviant behavior relations (Huschek and Bijleveld, 2014). Children with criminal parents are more likely to become involved in criminal activities (Huschek and Bijleveld, 2014).

Other family members, such as siblings' criminal history also influence juvenile recidivism. Families that have one child who is antisocial or criminal are statistically more likely to have another child who is also criminal or anti-social (Huschek, Bijleveld, 2014). The more chronic and severe the antisocial behavior, the more likely it is that siblings be engaged in crime (Beaver, 2016). The findings are consistent with Bandura social learning theory which posits that negative behaviors are learned through imitating others such as parents who are our first teachers and with whom children acquire their behaviors and from which their initial set of life's beliefs and principles are formed (Bandura, 1977).

Not attending school was also revealed as another risk factor that has a negative effect on recidivism among juvenile recidivists. Previous studies have suggested poor academics and the lack of participation in school activities have increase the likelihood of deviant peers, for example, (Henry et al., 2012). School engagement, such as

participation in school activities, positive emotional disposition, and motivation to invest in school tasks, reduces school problems and general delinquency. On the other hand, adolescent' school failures and lack of engagement increase the likelihood to associate with deviant peers (Frias-Armenta & Corral-Verdugo, 2013). This finding is consistent Hirschi's social bond theory in the context of involvement. This refers to the association of how people spend their time. Time spend with deviant peers increase offending behaviors by providing the techniques, motives, and reinforcement for committing crimes (Sutherland, 1947; Wooditch et al., 2014).

Overall, the foundational questions (a) to what extent do the risk factors of family criminality, mental health disorder, substance abuse, school experiences, peer influence, and age of first offense contribute to juvenile recidivism? and (b) what can be done to counteract these risk factors from the juvenile justice professionals' perspective? To answer the questions, I analyzed the interview data from the research subquestions. Through my analysis of the interview data, I conclude that substance abuse, family criminality, peer and peer influence school experiences, and age of first offense respectively have significant impact on recidivism among juvenile recidivists age 17 and 18 years old. To counteract these risk factors, it is revealed that early intervention; such as counseling and more resources need to be implemented.

The collected data revealed that though the juveniles are referred to counseling, they are not referred at the initial phase of entering the juvenile justice system, unless they are charged with certain crimes. The collected data also revealed that though the youths may have referred, to obtain counseling, services are usually not received due

to the lack of financial resources. For example, participants expressed the lack of financial resources is a challenge as the service providers require payment, if the family cannot financially afford counseling, then the juveniles' does not receive counseling to address their underlining issues, as a result, they continue their delinquent acts. The data also revealed that more resources, such as, increasing community partnership with more faith based entity, implementing parenting and family educational programs on how to deal with their at-risk juveniles, intervention with the family before the children become involved in the juvenile justice system, and implementing a curriculum based on the consequences of becoming involved in the juvenile justice system to be taught in the public school. Educating both parents and children on crimes and the negative impact on their future from an early stage may differ the involvement in the juvenile justice system

Limitations of the Study

The goal of this study was to obtain an in-depth understanding of the perceptions of juvenile justice professionals who are currently working with juvenile delinquents of the influence of factors such as family criminality, mental health disorder, substance abuse, school experiences, peer influence, and age of first offense on juvenile delinquency. As described in Chapter 4, I endeavored to strengthen the rigor and trustworthiness of the study. One limitation of the study was the sample size; this study was limited to only nine participants from the central region of the state of Florida. I collected the data in this study from a homogenous sampling group; therefore, the results may not generalize to all juvenile offenders, as the data collected

was from juvenile justice professionals from only one area of the United States.

Another limitation was that this study did not include the perceptions of the juveniles who have experienced recidivism. A final limitation is the lack of participation from juvenile probation officers who work more closely with the juvenile recidivists and their families.

Recommendations for Further Study

Based on the results of this qualitative phenomenological study, I recommend replicating future research in other regions of the state of Florida, as the results may differ. Another recommendation for future research is examine the perceptions of the offenders who have experienced juvenile recidivism and became involved in the adult justice system about intervention and services could have reduced their risk to re-offend. Focusing on intervention is important for the subgroup of juvenile recidivists age 17 and 18 years old because interventions could reduce juvenile recidivism and lower the percentage of juveniles entering the adult system. Finally, another area for further exploration is the perception of the juvenile probation officers who work more closely with juveniles and have more opportunities to observe juveniles' family dynamics.

Implications for Social Change

The findings and recommendations of this study may effect positive social change by advising researchers on the phenomenon of the effect of risk factors on recidivism among juvenile. The findings of this study emphasized the perspectives of the juvenile justice professionals on the effect of risk factors on juvenile recidivists age 17 and 18 years old. This research's findings could benefit the field of juvenile justice system by

identifying the influence of family criminality, mental health disorder, substance abuse, academic achievement, peer influence and age of first offense effect juvenile recidivism among juveniles aged 17 and 18 years from the juvenile justice professionals' perspectives. Various empirical research has examined the factors of predictions for juvenile delinquency and juvenile recidivism, however these risk factors have not been explored in terms of how they relate to recidivism in the subgroup of offenders aged 17 and 18 years old from a hermeneutical phenomenological viewpoint.

To effect positive social change, the field of juvenile justice could implement, modify, and improve protocols for intervention strategies that are geared toward counteracting the risk factors and their influence on recidivism for juveniles aged 17 and 18 years. Furthermore, the study could benefit juvenile delinquents and their families in terms of becoming more educated on the effect of these risk factors, the importance of participating in required treatment services with the goal to becoming productive citizens. Furthermore, families could benefit to better understand and utilize more positive strategic methods when working with their juvenile delinquents.

Participants in this study shared their experiences with working with juvenile delinquents and juvenile recidivist and the phenomenon of risk factors that impact recidivism among juvenile recidivism aged 17 and 18 years of age. The participants also provided their insights on strategies that could be implemented with the goal to reduce recidivism among this sub-group of juveniles. Likewise, the results of this study may assist policy makers in implementing and or modifying treatment, prevention, and intervention programs to provide services based on an individual juvenile's need, to

improve protocols for intervention strategies that are geared to counteracting the risk factors and their influence on recidivism for juveniles aged 17 and 18 years. The Department of Juvenile Justice could collaborate with more treatment providers and assist with the financial obligations for the juvenile delinquents and families who are not financially able to obtain the necessary treatment.

Conclusion

One of the most serious problems in society today is juvenile delinquency and juvenile recidivism. Though juvenile arrests are decreasing, juvenile recidivism continues to increase. Various risk factors predict recidivism among juveniles. To continue to counteract contributing risk factors, researchers must continue to explore these factors with different variables to obtain additional results and to identify “what works and what does not work” in reference to reducing recidivism. Future research should involve participants of a larger sample and from other regions of the state of Florida. To gain a more in-depth understanding of the effect on risk factors on recidivism among the subgroup of juveniles aged 17 and 18 years, I used a hermeneutical phenomenological approach to examine the perceptions of juvenile professionals who work with juvenile recidivists. This research served its purpose in filling the gap in the literature by indicating that family criminality, substance abuse, school experiences, peer influence, and age of first offense have a significant effect on recidivism among juvenile recidivists aged 17 and 18 years. The study results indicated that mental health does not have a significant effect on juvenile recidivism. Overall, to effect positive social change, this research may assist the field of juvenile justice to implement, modify, and improve

protocols for intervention strategies that are geared toward counteracting the risk factors and their influence on recidivism for juveniles aged 17 and 18 years.

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Appendix A: Letter of Cooperation

June 2, 2015

Dear,

My name is Diana Clarke, I am currently a doctoral candidate at Walden University. I am currently working on my dissertation entitled “Understanding the Impact of Risk Factors on Recidivism among Juveniles: From the Perspectives’ of Juvenile Justice Professional.”

The purpose of this study is to examine and understand the phenomenon of factors that cause juvenile offenders to recidivate and what can be done to counteract these risk factors from the perceptions of professionals who have experience working with juvenile delinquents.

I am hoping that you would agree and grant me permission to use to your organizations as research tool that would be willing to be involved in the recruitment of 11 potential participants including, judges, state attorneys, juvenile probation officers and mental health therapist. Please provide contact information such as telephone numbers, e-mail address of those who would be willing to participate

I do understand that I am solely responsible for collecting data, conducting member checks and making reservations at locations that are more convenient for the participants for the interviews. All data that will be collected will remain confidential and will not be provided to any outside entity without the permission of Walden University IRB department.

Please accept my below electronic signature in this correspondence. I am requesting an electronic signature that serves as an agreement that both parties have agreed to conduct transaction electronically.

Your assistance in this matter is greatly appreciated.

Respectfully yours,

Signature Undisclosed.

Appendix B: Executive Director Letter of Permission to Collect Data


THE FLORIDA JUVENILE JUSTICE ASSOCIATION

3333 W. PENSACOLA STREET • SUITE 240 • TALLAHASSEE • FLORIDA 32304

Members

Agency for Community Treatment Services
 AMIKids
 Aspire Health Partners
 BAYS Florida
 Big Bend Community Based Care
 Big Brothers Big Sisters Association of FL
 Bridges of America
 Broward County Sheriff's Office
 Chrysalis Health
 Compliance and Contract Management Group, LLC
 Daniel Memorial, Inc.
 DISC Village, Inc.
 Eckerd
 Florida Alliance of Boys and Girls Clubs
 Florida Certification Board
 FI Endowment Foundation for Florida's Graduates
 FI Network of Youth and Family Services
 G4S Youth Services LLC
 Gateway Community Services
 Gulf Coast Youth Services
 Henkels & McCoy
 Jesus for Juveniles Global Ministries
 Miami Bridge Youth & Family Services
 Miami Dade Juvenile Services
 Monroe County Sheriff's Office
 North American Family Institute
 NC Outward Bound School
 Operation PAR, Inc.
 PACE Center for Girls, Inc.
 Parenting with Love and Limits, LLC
 Partnership for Child Health
 Psy-Care
 Psychotherapeutic Services of FL
 Sequel Youth and Family Services
 The Children's Trust
 The Henry & Rilla White Youth Foundation
 Twin Oaks Juvenile Development
 WaveCREST, Children's Home Society of FL
 Youth Crisis Center
 Youth Services International, Inc.

Individual Members
 Darryl Olson, Andy Hindman, Nicole Janer,
 Florence Cancilla

Ex Officio Member
 Lawanda Ravoira
 Delores Barr Weaver Policy Center

November 5, 2015

Diana Clarke
 Juvenile Probation Officer
 Department of Juvenile Justice
 Circuit 10/Unit 101
 955 26th Street South
 St. Petersburg, Florida 33712

Dear Ms. Clarke,

Based on my review of your research proposal, I hereby grant you permission to conduct the study entitled, "Understanding the Impact of Risk Factors on Recidivism among Juveniles: From the Perspectives of Juvenile Justice Professional" in my office.

As part of this study, I give you permission to invite 15 members to participate in your research for the purpose of being interviewed for data collection.

I understand participants will be asked a series of questions that will be audiotaped and transcribed by the researcher. Each participant will have the opportunity to review their interview transcripts and make any changes and/or clarifications if necessary. Participation will be voluntary and at their own discretion.

I understand that our organization's responsibilities include the use of an office within our facility. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and will not be provided to anyone outside of the research team without permission from Walden University IRB.

Sincerely,

Catherine Craig-Myers
 Executive Director
 Florida Juvenile Justice Association

Our Mission: The Florida Juvenile Justice Association promotes the availability and accessibility of comprehensive, high quality services to pre-delinquent and delinquent youth and their families

Appendix C: Informed Consent Form

Dear,

My name is Diana Clarke, I am a doctoral candidate at Walden University. I am currently working on my dissertation entitled “The Effect of Risk Factors on Recidivism Among Juveniles From the Perspectives of Juvenile Justice Professional.”

You are invited to participate and share your experience of working with juvenile delinquents. I am the sole researcher and under the supervision of Karel Kurst-Swanger, Ph.D. The study will consist of an interview approximately one-hour long and will be audio taped. Prior to committing to participate in this study, you will be given the opportunity to review this informed consent form.

Background Information:

The purpose of this study is to examine and understand the phenomenon of factors that cause juvenile offenders to recidivate and what can be done to counteract these risk factors from the perceptions of professionals who have experience working with juvenile delinquents.

Procedures:

If you decided to participate in this study, you will be required to adhere by the following:

- Participate in an approximately 45 minutes face to face interview about your experiences working with juvenile delinquents and juvenile recidivists, identify any lack of services that could benefit the juveniles, identify any collaboration with different agencies that would be beneficial with the attempt to reduce recidivism, explain what could be done to counteract these risk factors.

- Agree to have the interview audio taped

- Verify the transcription of your interview for accuracy purposes via email or regular mail.

Voluntary Nature of the Study:

Participation in this study is voluntary. The researcher will respect your decision whether or not you want to participate. If you decide to participate now but decide not to later, you will be withdrawn from the study. During the interview, you can refuse to answer any questions if you choose. You are also free to stop the interview at any time should you become stressed or uncomfortable.

Risks and Benefits of participating in the study:

There are no anticipated concerning this study.

The benefits from this study will be that information obtained during the research could lead to an in-depth understanding of the impact these risk factors has on juvenile recidivism. This could lead to implementing strategies that could counteract these risk factors.

Compensation:

There is no compensation for your participation in this research.

Confidentiality:

Any information obtained for this research will be kept confidential. The information will not be used for any other purposes outside of this research. Your names or anything else that could identify you will not be included in the study.

Contacts and Questions:

You may ask any questions that you may have now. If you have questions in the future, you may contact me via phone or e-mail.

A copy of this form will be provided to you.

Statement of Consent:

I have read above and understand the above information well enough to make a decision about my involvement. By signing the below, I am agreeing to the terms described above.

Printed Name of Participant _____

Date of Consent _____

Appendix D: Interview Protocol

Interview Protocol

Date:

Time:

Interviewee:

Job title of Interviewee:

Opening Remarks:

Thank you for agreeing to participate

Description of Research:

Research Questions:

Informed Consent:

Closing Remarks:

Thank participants again for participating

Assure participants of confidentiality procedures

Reminder of follow up transcripts

Appendix E: Interview Questions

(This interview protocol will be utilized for the audiotaped face-to-face)

Opening Statement:

Thanks for participating in my research study. The interview will be audiotaped and then transcribed and you can make any changes, clarifications, or additional comments to the interview. Do you have any questions about what I just said? If you need to take a break or stop the interview, please let me know. Are there any other questions? May I begin the interview?

Foundation Question:

To what extent do these risk factors contribute to juvenile recidivism and what can be done to counteract these risk factors from the juvenile justice professionals' perspective.

Interview Questions

1. How long have you worked with juvenile delinquents?
2. Describe to me what your job description entails.
3. Based on your experience with working with juvenile delinquents, how do you think juveniles learn about crime?
4. From your experience working with juvenile delinquents, what impact does family criminal history and family mental health have on juvenile recidivism? By family, I mean biological parents, foster parents, stepbrothers or stepsisters, grandparents or guardians.
5. From your experience working with juveniles delinquents, can you describe specific juvenile mental health issues that influence juvenile recidivism?
6. If a juvenile enters the department of juvenile justice with mental health disorder, what procedures and protocol are in place to assist them?
7. From your experience working with juvenile delinquents, what impact does substance abuse have on juvenile recidivism?
8. Describe the school experiences of the juvenile delinquents that you work with.
9. Based on your experience, what social bonds do you think are most important in reducing recidivism?

10. What social bonds do you think the juveniles with whom you work have or don't have?
11. Based on your experience and knowledge with working with juvenile delinquents, what role do you think peer influence has in increasing the risk to reoffend?
12. Based on your experience with working with juvenile delinquents, what is your observation about re-offending for juveniles who are arrested at a young age compared to those who are arrested when they are older?
13. What method is used to identify or predict whether a juvenile is likely to reoffend?
14. What programs or strategies are in place for the juveniles who are likely to reoffend?
15. What can be done to counteract the risk factors we have discussed?
16. Based on your knowledge and experience, is there anything else that would be useful to my study?

Closing Statement:

I would like to thank again for your participation and the ability and opportunity to document your perspective. I will provide you a copy of your written interview for your review and feedback as soon as I can.

Appendix F: Transcriptionist Confidentiality Agreement

During the course of providing your professional services as a professional transcriptionist, for my research study entitled “The Effect of Risk Factors on Recidivism Among Juveniles From the Perspectives of Juvenile Justice Professional,” I will have access to confidential information that will not be disclosed. I do acknowledge that the information must remain confidential. I am aware that improper disclosure of confidential information can be damaging to the participants.

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 other can overhear the conversation. I understand that it is unacceptable to discuss confidential information even if the participants’ names are not used.
4. I will not make any unauthorized transmissions, inquires, or modification to the confidential information.
5. I understand that any violations of this agreement will have legal implications.
6. I will not access or use systems or devices that I am not authorized to access. I will immediately notify my employer should I become aware of any actions which could potentially result in a breach of confidentiality.

7. I agree and understand that my obligations under this agreement will continue after termination of the job that I will perform.

Signature:

Date: