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# Offenders Speak: Gaining a New Perspective on What Works in Reducing Recidivism Among Young Adults

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Offenders Speak: Gaining a New Perspective on What Works in Reducing Recidivism Among  
Young Adults

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

In recent years recidivism among youth (15-25 years old) has become a concern within the community and a focus in research. With recidivism rates being as high as 50 percent, research has turned its focus to what is impacting the recidivism rates among juveniles. Previous research has found many factors contributing to recidivism, but most research lacks the perspective of the individuals involved in the justice system. The following study used a qualitative approach to discover how young adults 18-25 years have kept from recidivism since their first arrest as a juvenile under the age of 18 years old. The main findings from the current study are 1.) The system plays a big impact in the rehabilitation of a juvenile. 2.) Residential placement is more situational depending on the youth at the time. 3.) The young adults all had advice to give about obtaining and seeking help. 4.) The factors that played into the young adults not recidivating during their adolescent years were all different depending on the young adult. The overall findings have shown that there is not a one size fits all approach when it comes to individuals and recidivism.

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## **Introduction**

### **Criminal Involvement and Recidivism**

Over 100,000 juvenile offenders resided in and out of home correctional placements in 2000 as identified by Juvenile Justice and Delinquency Prevention (Abrams and Aguilar, 2005). The mass incarceration in the United States has been identified as an issue as early as 1974 by the Juvenile Justice and Delinquency Act (Flash, 2003). Research from 2011 shows that one in every 100 people serving time in jail or prison, which equals out to 2.4 million (Huebner and Berg, 2011). Approximately two thirds of the justice system is made up of juvenile offenders (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014). It is estimated that of those incarcerated 95 percent will return to the community (Huebner and Berg, 2011). There are an estimated 730,000 inmates released back to the community each year (Cochran, Mears, Bales, & Stewart, 2014). Of those released, it is estimated that at least half will return back to jail or prison within three years (Huebner and Berg, 2011). In 2009, 38.7 percent of juvenile offenders recidivated within a three year period, with 95.5 percent of those who recidivated committing a new crime and the rest being returned on violations (Schelle, 2012). Recidivism is the relapse into criminal behavior after a person has been sanctioned or punished for a previous crime. For the purpose of this study, recidivism will be defined as an offender who has committed a crime and proceeds to be arrested or detained for committing a new crime. Researchers have various ideas about what plays the highest role in recidivism, such as psychiatric disorders among the youth (Hoeve, McReynolds, & Wasserman, 2014). Given the various findings, it seems wise to look at recidivism holistically in order to understand why the rates are so high. Several studies have

identified effective interventions aimed at reducing reoffending (Kautt, 2008).

Residential treatment is one of the most effective interventions aimed at reducing recidivism (Ryan & Yang, 2005).

Additionally, researchers have identified risk factors that are predictive of reoffending such as the youth having defiant disorder (Plattner, et al., 2009). Looking at both the risk factors of recidivism and effective intervention strategies used to prevent recidivism gives us a deeper understanding in why the recidivism rates among juvenile offenders are so high. It is important to look at the rates of recidivism and all factors that could aid in reducing the rate at which juvenile offenders are reconvicted because not only is incarceration expensive, but when a high rate of juveniles are imprisoned they are no longer contributing to society. Looking at all factors that plays into reoffending can not only give us the answer of if locking the juveniles up is working to “correct” an individual but also if treatment is the only variable in the “correction” of an individual.

### **Different Types of Residency**

The best form of preventing future reoffending is through boot camps, jails and prisons (Winokur, Smith, Bontrager, and Blankenship, 2008). Residency can include any facility that requires the individual to stay day and night. Residential placements include but are not limited to, treatment facilities, detention centers, jails, prisons, and boot camps. For the purpose of this paper residential placement will be defined as a treatment facilities. While offenders are locked away they are less likely to reoffend which is why putting them in a detention center setting is seen as the best solution. Detention centers are divided into four different risk levels and provide juvenile offenders with a wide variety of treatments. The four levels are low, moderate, high, and maximum risk. Low

risk juveniles are considered a danger to public although they are labeled as low risk and they require placement for treatment in a residential setting. These settings are often not secure, such as unfenced minimum prisons. Another form of low risk incarceration is boot camp. Boot camps are highly structured and also provide treatment programs. Moderate risk offenders require placement in a secure facility. In these settings there is around the clock supervision and the grounds are secure with walls, fencing, or doors. High risk facilities are similar to moderate risk, as they require around the clock supervision from staff in addition to a secure facility with fences, doors, and walls (Winokur, et. al., 2008). Maximum risk youth are seen to present the greatest risk to society and are put into single cells in a secure facility (Winokur, et. al., 2008). These are often the facilities where the prisoners are only allowed out of their cell for appointments or one hour of recreation time a day. The perimeter security around the prison grounds is also increased as compared to the other prisons or jails. Treatments being defined as groups targeting a specific need like alcohol and drug dependency groups, cognitive groups focused on thinking patterns or a group for sex offenders targeting how they can suppress their desires.

Different correctional facilities offer different treatments. Some facilities are designed where they have a dentist, health care professionals, education services, vocational training programs, college courses, mental health professionals and variety of treatment programs on site. Other locations have much less to offer when aiding in the rehabilitation of an inmate. The location to which an offender is sent is often determined by their age, risk level, educational needs, type of crime, and treatment needs.

### **What Studies Have Found**

Studies have found that relationships with social workers and family members during treatment have an impact on the effectiveness of the treatment. In addition it has been found that the length of stay within a residential treatment center can have an impact of whether or not a juvenile offender recidivates post release (Winokur, et. al., 2008). The longer the stay in residential facilities the less likely the juvenile males were to recidivate. The shorter the stay, twelve months or less, had higher recidivism rates among the offenders (Winokur, et. al., 2008). Alternatively there is research that shows residential treatment is not as effective as non-residential treatment. It was found that with non-residential treatments the recidivism rates were lower compared to the residential treatments (Ryan, Abrams, and Huang, 2014). Almost all research reviewed for this study has shown that the “get tough” approach has shown to not be effective due to recidivism rates remaining high. When considering all the factors that play into offender’s risk of recidivism, it is surprising that demographic factors are not looked at in the vast majority of research that has been conducted.

### **The Purpose of this Study**

There has not been a lot of research that considers what the offenders think work for them. Instead it is from a professional standpoint or research gathered from databases. This research will look at what previous juvenile offenders’ now ages 18-25 believe have kept them from recidivating. Previous studies have focused on juvenile recidivism from the point of view of professionals providing services (Ryan & Yang, 2005; Winokur, Smith, Bontrager, & Blankenship, 2008; Ryan, Abrams, & Huang, 2014). Few studies to date focus on perspectives from the youths themselves. Having a better understanding of how the correctional system functions from the youth’s perspective may provide a great

deal of insight into some of the varied findings on program effectiveness. Perhaps there are some components of effective interventions that are currently not captured in research on recidivism. For the purpose of this study, views of previous juvenile offenders will be examined to determine what has been effective in keeping them from recidivating. In order to capture this information, a qualitative descriptive design was used.

The primary research questions used was:

1. What do previous juvenile offenders believe have kept them from recidivating?

## **Literature Review**

### **Types of Criminals**

According to MacDonald, et al. (2014) there are two types of criminals, those who engage in the criminal behavior during adolescence but discontinue the criminal behavior in adulthood. And those who are considered career criminals who tend to start criminal activity in their adolescents and as the years progress so does the amount of crimes and severity of crimes that a career criminal commits (McDonald, et al., 2013). Those who become career criminals often exhibit antisocial behaviors (DeLisi, et al., 2013). Behavioral, psychological, physical health and mental health problems all contribute to the onset of criminal behavior (DeLisi, et al., 2013).

### **Recidivism Rates and Importance**

In 2010 there was an estimated 1.6 million juvenile arrests estimated and a little over 75,000 of those arrests were for violent crimes (Ryan, Abrams, & Huang, 2014). With many states having a different way of measuring recidivism there is no way to

determine the national average, but some states have reported their recidivism as high as 80% over a three year period (Ryan, Abrams, & Huang, 2014). Other states have recorded higher and lower recidivism rates, many staying above 40 percent (Quinn, & Van Dyke, 2004).

Researchers in the social work and the criminal justice fields have performed an assortment of studies regarding whether or not certain treatment aids in reducing recidivism, however it is stressed to continue to conduct new research from all perspectives. Reoffending is important to look at to understand what services could be provided to help with the reduction in the rates of recidivism. Gaining an understanding of what the youth feel might be helpful is also important to understand what services they feel they need in order to aid them in becoming productive citizens instead of prisoners.

Previous studies have had conflicting results. Some studies found that family integration into the treatment is beneficial, another study found that it depends on the offenders “buy-in” to the treatment program, it was also found that the relationships one has with their family is another factor into reducing recidivism, and lastly it was found that it was not treatment at all, instead recidivism was based on the risk factors of an individual.

### **Increase in Incarceration and Risk Factors**

Research has found that there are risk factors that impact recidivism such as family problems, delinquent peers, and non-severe pathology (Cottle, Lee, & Heilbrun, 2001; Penner, Vijoer, Douglas & Roesch, 2014). “Poverty, inadequate housing, inadequate education, racism, child abuse, teen pregnancy, drug addiction, alcoholism,

and endless other social ills can push youth onto paths of violent and criminal behavior” (O’Connor & Treat, 1996). Being male versus female also increases the risk of recidivism (Plattner et al., 2009). In addition to being male, being diagnosed with oppositional defiant disorder also increases the risk of recidivism (Plattner et al., 2009). Along with these risk factors it was also found that youth with a disorder were more likely to offend than youth without a disorder by almost ten percent (McReynolds, Schwalbe, & Wasserman, 2010). A common risk factor that seems to be identified throughout much of research is the fact that juveniles are so young when entering and leaving the juvenile system. Huebner and Berg (2011) the younger men in their study were more likely to fail and return back into the system than older men. In their study, when an individual was older, their criminal activity or risk for criminal activity declined, but it didn’t hold true for all offenders (Huebner and Berg, 2011). Throughout much of research the mental health of a juvenile is not widely mentioned as a risk factor when looking at recidivism. Psychopathic traits were examined among juveniles when looking at recidivating (Asscher et al., 2011). In the research psychopathic traits meant “antisocial behavior and low emotionality” among the juveniles, (Asscher et al., 2011). Asscher et al. (2011) found that a juvenile having psychopathic traits was only moderately associated with recidivism but enough where individuals should be screened for early detection. In addition to Asscher et al. (2011) another study found that recidivism was affected when looking at youth with psychopathy. Dembo et al. (2006) found that when demographic information was taken out of the study recidivism was higher when psychopathy was detected. Contrary to Dembo et al. (2006), Douglas, Epstein, & Poythress (2008) found that psychopathic features did not have a significant impact on an individual’s recidivism.

The neighborhood that a juvenile lives in is also seen as a risk factor to recidivism (Grunwald, Lockwood, Harris, and Mennis, 2010). Research by Grunwald et al. (2010) concluded that the neighborhood a juvenile offender lived in impacted recidivism among drug-offenses. The type of crime an individual is involved in is also seen as a risk factor. Mulder, Vermunt, Brand, Bullens and Marle (2012) found that offenders who committed violent property crimes recidivated more seriously. In another study it was found that it was the type of offender that determined the recidivism (Galley, 2012). While sex offenders were less likely to recidivate, substance involved offenders were more likely to recidivate. Looking at risk factors is important because it shows that recidivism does not just happen due to the lack of quality or completion of a treatment program. Although many interventions are similar there was a few studies that took a different approach.

### **Brain Development and Mental Health**

“It could be argued that the brain within the typical undergraduate age range (18–22) is still very much developing” (Blakemore, 2012). Historically, brain development was thought to be most crucial during the first three years of life, which is where most early research focused. In more current research it has been found that our brains develop over our life span and all years are crucial (Jetha, Segalowitz, 2012). “The physical changes in the brain that occur during late childhood, adolescence, and into young adulthood are particularly dramatic and occur at all levels” (Jetha, Segalowitz, 2012). As the physical changes in the brain occur, social changes also occur within an individual (Jetha, Segalowitz, 2012). Such changes occur as a shift from dependence to independence, family oriented life-style to a more peer-oriented lifestyle, and with the shifts there tends to be more desire to explore and take risks (Jetha, Segalowitz, 2012).

“Adolescence is a time of increased drug use and unprotected sex, and the three highest causes of mortality in adolescents are accidents, homicides, and suicides” (Jetha, Segalowitz, 2012). Given that the brain is changing at an extreme rate during these years it places juveniles at an increased risk for such things such as drug use and homicides, which may lead to crime.

Along with brain development there is also a prevalence of mental illness in adolescents. There is not one single cause to mental health problems in adolescents; instead there are three main factors to be considered together and separately (Dogra, 2002). Biological factors are one aspect to consider, such as if the adolescent inherited a specific gene that caused the mental illness or if there was physical or chemical trauma (Dogra, 2002). Psychological is factor to consider; this is where attachment theory comes into play (Dogra, 2002). Attachment theory looks at the parent-child relationship (Dogra, 2002). The better the parent child relationship the better quality of attachment, if there is a poor quality of attachment it tends to cause problems both short and long term (Dogra, 2002). Temperament is one’s response to certain situations, which is a predicting factor of mental health (Dogra, 2002). Environmental factors is the last piece to examine separately but together. “Environment may include the family, school, peer group, community, and life events”, (Dogra, 2002). Whether a family is present or not it plays a big role in the development of an adolescent (Dogra, 2002). As for peer groups it is seen that those who have stronger peer relationships tend to have better mental health (Dogra, 2002). The school setting is a big determining factor, if one is settling into school well versus showing difficulty with learning and behavior, it could mean a more positive outcome for the adolescents mental health (Dogra, 2002). These three main factors

together and separate are all to be examined when looking at the emergence of mental health in adolescents (Dogra, 2002). Both the brain development and mental health within adolescents is important to remember when looking at juvenile offenders. Similar to brain development, literature has indicated the importance of a parent in a juvenile's life as also being important.

### **The Impact of Parents**

A common theme throughout most of the literature is family. Family can be seen as being both beneficial and a risk factor toward youth recidivating. Having good relationships with their father and receiving visits from family members seems to be beneficial in the treatment process and the chances of recidivism. In a study conducted that looked at 35 youth who resided in residential treatment for at least six months found that a factor in many reoffending juveniles, was only being raised by their mothers and not having a positive relationship with their fathers (Hartwell, McMackin, Tansi, and Bartlett, 2010). Parental figures seem to have a big impact in the recidivism of youth (Voisin, Tan, Tack, Wade, & Diclemente, 2012). It was found that parental monitoring determines the exposure a juvenile faces to violence, risky sex, and drug use (Voisin et al., 2012). Thus, the parental monitoring that a juvenile receives increases or decreases the risk of recidivism (Voisin et al., 2012).

In another study completed by Ryan and Yang (2005), 90 adjudicated delinquents were followed after being released from a long-term residential facility. Results found that progress in treatment is unlikely unless the key members of the family are participating throughout the process (Ryan and Yang, 2005). Thus, creating lower recidivism rates among the offenders who had actively participating families. It is

suggested that family is an important part of rehabilitating offenders and one study found that the attitudes of offender's mothers impact juvenile's recidivating. One research looked at how Family Empowerment Intervention impacted recidivism over a twelve-month period (Dembo, et al., 2000). Family Empowerment Intervention aimed to empower parents and overall improve family functioning. Dembo et al. (2000), found that of the 303 youth in the study, those that finished the Family Empowerment Intervention were significantly more successful in not recidivating than those who failed to complete the intervention.

Cavanagh and Cauffman (2015) looked at how mother's attitudes predicted recidivating among youth. Mothers tend to spend more time in their children's lives, so it is suggested that the youth pick up their attitudes about the justice system from their mothers (Cavanagh, and Cauffman, 2015). Cavanagh and Cauffman (2015) found that mothers with negative attitudes toward the justice system and their sons' negative attitudes towards the justice system showed an increase in recidivating within twelve months from release.

Huan, Ang, and Lim (2010) studied a sample of 382 juveniles in the year of 2005. In this study there was a significant negative correlation between father involvement and the juvenile's chance of recidivism. (Huan, Ang, and Lim, 2010). Another group of researchers examined the impact of family in an individual's life. It has been found that of what is reported to child welfare, neglect accounts for 78 percent of those reports (Ryan, Williams, and Courtney, 2012). Ryan, Williams, and Courtney (2012), found that juveniles with an open case of neglect or a history of neglect had much higher recidivism rates than those who did not. Another study has found similar results as the research

conducted by Ryan, Williams, and Courtney. It was found that those involved in both the criminal justice system and child welfare system were at a greater risk of recidivism (Huang, Ryan, Sappleton, & Chiu, 2015). There is no one explanation within research as to why neglect correlates with criminal involvement.

### **Residential Treatment**

Treatment is considered residential when the offender is removed from the community and put into a locked facility for the remainder of their stay. Residential treatment can be counted as incarceration, or an actual treatment facility where the offenders stay. Galley (2012) followed 173 offenders post release from residential treatment. Galley looked at if the length of stay, program completion, and placement after the program impacted recidivism rates, which showed that residential placement did not impact recidivism (Galley, 2012). Winokur, Smith, Bontrager, and Blankenship (2008) looked at the length of stay in treatment programs and the impact it had on recidivism rates. Lockwood and Harris (2015) also looked at completion of residential treatment programs among 5,517 offenders. It was found that those who dropped out of treatment and were expelled from treatment both had increased rates of recidivism (Lockwood and Harris, 2015). Shapiro, Smith, Malone, and Collaro looked at the difference in recidivism rates between 2,007 residential placed and community placed juveniles. In the end, it was found that those who were placed in a residential facility had a higher rate of recidivism than those who were placed within the community (2014). All of these researchers have shown that there have been many different conclusions when looking at what impacts recidivism when offenders are involved in residential treatment. While it has been shown that the placement might impact the recidivism of an individual, it is also important to

consider that the individual who has a lesser crime will more than likely get placed in a lower level security setting such as on probation, in jail, or in residential treatment. This could also contribute to the fact that their recidivism rates are less high.

### **Non-Residential Treatment**

Flash (2003) looked at the type of program offenders were enrolled in such as boot camps, community-based treatment, and victim offender reconciliation. It was found that it was not the type of program that impacted recidivism rates and further research would need to be done (Flash, 2003). Another study that was conducted demonstrating that it was about how the treatment program was implemented and that it was individual instead of group treatment in order for it to be successful (James, et. al, 2013). Ryan, Abrams, and Huang (2014) also looked at the type of program juvenile offenders were enrolled in: In-home probation, group-home placement, and probation camps were all looked at among 2,613 offenders with violent crimes (Ryan, Abrams, Huang, 2014). It was found that in-home probation had a greater success rate where probation camps and group-home both had an increased recidivism rates among the offenders (Ryan, Abrams, and Huang, 2014). Put, Asscher, Stams, Laan, Breuk, Jongman, & Doreleijers (2012) found that it was how well the out-patient treatment was implemented instead of the length of treatment that impacted recidivism. Grouping delinquent peers together in a secure setting could be a reason for the high recidivating among the residentially placed juveniles due to it acting as deviant training (Shapiro, 2014). The effectiveness of intensive case management and its impact on recidivism was looked at in another study. When comparing the youth who were provided intensive case management versus standard services it was found that there was no significant

difference (Dembo, Wareham, Poythress, Cook, and Shmeidler, 2006). The studies looked at similar things and found something different in the results, suggesting that further research should be completed on what really helps offenders from recidivating.

### **Offenders Attitudes**

A qualitative study conducted by Abrams (2006), found that the buy-in to treatment that the offenders had impacted the effectiveness of treatment. Nineteen male offenders went through in depth interviews for the researchers to gain a deeper understanding of their time in residential treatment. The greater the buy-in, the greater future plans the offenders had that were attainable. Those who had less buy-in to the program had loose plans for their future. For example one offender described his release plan, as “I wanna be a sports star”. This plan shows to be neither attainable nor realistic. Thus creating a higher chance of recidivism for this offender. Abrams and Aguilar (2005) examined individual treatment among juvenile male offenders. What was found was that although offenders were able to recognize negative trends in their lives they still were unable to seek help on their own when needed which impacted recidivism (Abrams and Aguilar, 2005). In addition it was found that once released from residential treatment juvenile offenders do not have access to the supports that they need to prevent them from recidivating (Abrams and Aguilar, 2005). The differences between these studies give an example of how research has found many different results on juvenile recidivism, which tends to be a common theme among all research on juvenile offender recidivism.

### **Non-Traditional Approaches to Reducing Recidivism**

Burraston, Cherrington, and Bahr (2012) took a different approach to treatment with the use of a control group with 31 juveniles, a class only group with 11 juveniles, and a class plus cellphone group with 28 juveniles. The class group had a choice of attending one of five classes that were offered, as did the class and cellphone group. With the cellphone group they were the group that was followed up and checked in with by using cell phones (Burraston, Cherrington, and Bahr, 2012). It was found that those who participated in the class only or the combination of the class only with the cellphone were at less of a risk for recidivating by 51 percent (Burraston, Cherrington, and Bahr, 2012). This was a different approach to treatment for the juveniles that were proven to work among the sample size that was given. Rodriguez (2007) looked at another unique and more recent approach to reducing recidivism. Incorporating victims and community members into the treatment process which they called the restorative justice program has become a new way of targeting recidivism (Rodriguez (2007). Rodriguez (2007) described the restorative justice program as a place where community members, victims, and offenders work collaboratively. It was found that those who participated in the restorative justice program versus the control group recidivated 30 percent less (Rodriguez, 2007). Along with the different approaches, evidence-based training in probation offices was looked at (Young, Farrell, and Faye, 2013). There were three groups, the control group, evidence-based training group, and an evidence-based training group with an onsite supporter (Young, Farrell, and Faye, 2013). Within their research Young, Farrell, and Faye (2013) found that there was no significant difference between the three groups although those who received probation services from the sites with evidence-based training showed some decrease in recidivating.

### **A Look into the Different Level Prisons**

Minimum-security prisons sometimes have a fence that is watched and sometimes does not (De Maille, 2009). These are the facilities where prisoners are put that are deemed the least amount of risk. At this level prisoners have communal showers, toilets, and sinks, along with a dormitory style of living (De Maille, 2009). Here you can generally leave for work, or be involved in community projects (De Maille, 2009). Similar to minimum security, in medium there are communal showers, toilets, and sinks (De Maille, 2009). Some medium security placements have dormitory type living with bunk beds and lockers where others have cells with two to a cell with a shared toilet and sink (De Maille, 2009). The movement in these levels typically does not include officer escorts or restraints. The perimeter for a medium is generally double fenced and patrolled regularly (De Maille, 2009). When an offender completes required treatment or school programs and/or has good conduct for a period of time, there is chance for them to move from medium to minimum security. Also, if prisoners present bad conduct and high risk, they can be moved up in security if necessary.

Maximum security is a lot different; individuals have their own cell controlled by secure remote control station (De Maille, 2009). In maximum security prisons, prisoners are given their own toilet and sink in their cell and often these individuals are confined in their personal cell up to twenty-three hours a day (De Maille, 2009). In this higher security placement prisoners are often restricted to their cell block and are only able to be in a small fenced area when outside (De Maille, 2009). Movement in this prison usually involves officers and restraints (De Maille, 2009). Although there are prisons out there for juveniles, there tends to be a lack of funding for these prisons. With a lack of funding

for these prisons there tends to be a greater focus on putting juveniles in residential or outpatient treatment programs.

### **Rehabilitation or Punishment**

When it comes to prison, there is a major question of whether it is for rehabilitation or punishment of the individual who is incarcerated. “Developed in the late 1800’s, the juvenile justice system was designed to be distinct from the adult criminal justice system” (Taylor, 2009). The juvenile justice system was developed separately because it was thought that juveniles were more malleable and would have a better response to individualized treatment (Taylor, 2009). The juvenile justice system is seen as an agency that is protecting the public from juveniles deviant actions while rehabilitating the youth (O’Connor & Treat, 1996). It is a system that provides social services to the juveniles while at the same time providing punishment for juvenile’s deviant actions; thus serving as rehabilitation and punishment (O’Connor & Treat, 1996). In response to civilians viewing their world as an increasingly dangerous place, harsher punishments are being favored (O’Connor & Treat, 1996). With the increase in violent juvenile crime and extensive media attention paid to these crimes, policy makers are advocating for tougher sanctions bypassing the rehabilitation aspect of incarceration (O’Connor & Treat, 1996). In the last 65 years, the juvenile justice system has gone through changes that have made it more in line with the adult criminal justice system (Kupchik, 2010). “Still, the juvenile justice system of today exists as a separate entity from the criminal justice system, with its own terminology and, relative to the adult system, more of a focus on rehabilitation” (Kupchik, 2010).

The increase in incarcerated individuals has come from legislation and the “get tough” approach on crime (Flash, 2003). The “get tough” on crime approach established reforms that include stricter punishments. As stated by Barker (2006) some of the changes made included:

“Mandatory minimum sentencing, determinate sentencing, truth-in-sentencing, “three strikes and you’re out” laws, sex offender registries, victim impact statements, the reinstatement of chain gangs and capital punishment, and a wide range of penal sanctions that favored custodial over non-custodial sanctions” (p. 37)

More youth are sentenced to detention facilities for a longer period of time (Flash, 2003). This has impacted the number of youth who are currently incarcerated. Through the “get tough” approach more juveniles are being sentenced as adults, which impacts the amount of time and the risk level of their crime (Barker, 2006). It was thought that getting tough on crime and incarcerating offenders in secure facilities would curb the amount of recidivism post release. After a juvenile is released from a detention facility it is not uncommon to see them back again between three months to a year for a new crime (Barker, 2006). The process which an individual goes through post release such as living situations, interaction with peers, and possible reintegration into street gangs could be looked at as a contributing factor in to post release recidivism.

## **Theoretical Framework**

### **Systems Theory**

This paper was analyzed through the lens of systems theory, which has provided a background for this research and paper. Systems theory can be traced back to the 1920's (Chen and Stroup, 1993). It is a theory that looks at complex systems, using this theory as a framework, allows an individual to examine or define objects that work together to produce any kind of result. This theory also looks at an issue on both the macro and micro level. Some examples of systems include families, probation services, treatment services, and services provided by social workers and case managers. Systems theory from the very beginning of its development looked at a "growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded" (Vimont, 2012, p. 502). Systems theory also looks at, "individuals as complex systems existing within other complex systems" (Vimont, 2012, p. 502). This is an important theory when looking at juveniles' recidivating due to both the complexities of the individual and system impacting the risk level of recidivism. By using a systems theory it allows the participants, who are now young adults the ability to reflect back on what could have impacted them during their time in the criminal justice system as juveniles. Systems are looked at on the macro and micro level, since systems are seen as both the system such as the justice system and the individual system it allows reflection on all levels.

### **Gaps in Current Research**

It appears that previous studies have addressed a range of topics related to recidivism; there are limitations to consider and implications for future research. It is a limitation that across all studies there is not one solid definition for recidivism. The most

notable limitations are the small sample sizes and the way juveniles are recruited. It is often hard to find participants and facility staff or their probation officers recruit majority of juvenile offenders. The viewpoint presented in the research is another limitation. Research is most often from a professional's standpoint instead of the juveniles, who are experiencing the interaction with the justice system. In future research it will be important to explore more variables that play into the successfulness of treatment and how it impacts the recidivism rates among juvenile offenders. In future research it will also be important to use other forms of recruitment for the data if possible. Other complications in gaining data that has limited current research include having juveniles' rights, gaining permission to interview, and also protecting the privacy of the individuals at the same time. This is because to interview juveniles you need consent from a guardian, whether that is permission from a parent or the state.

### **Current Study's Purpose**

The research reviewed has offered many different reasons why the recidivism rates are so high, making it clear that juvenile offenders and recidivism rates require the attention of social work practice. Social workers are important in the justice system because social workers view this issue on many different levels. Some of those levels being in advocacy, treatment, work with individuals, and work with families. Limited research has captured the views of the actual offenders involved with the justice system. This study therefore serves to add to the previous research by exploring offender's own opinions and beliefs about what has kept them from recidivating since their most current release.

### **Methods**

### **Purpose of this Study and Research Question**

The purpose of this study was to interview previous juvenile offenders over the age of 18 that have been incarcerated for more than a month prior to the age of 18. This study sought to gain a better understanding from their perspective, as to what kept them from recidivating. This information was collected to compare what young adults believe are the best ways to reduce recidivism with current research on what professionals and researchers also believe is effective in reducing recidivism.

The primary research question was, what do previous juvenile offenders believe has kept them from recidivating?

### **Research Design**

This study uses a qualitative research design. Data were collected by interviewing young adults who have offended as juveniles and who have been incarcerated for more than a month or have had more than two arrests. Interviews allowed for a depth of understanding regarding offender's opinions and beliefs about what benefited them in keeping them from returning to jail or prison.

### **Subject Selection and Participation**

The researcher recruited previous offenders by using a snowball sampling strategy. The researcher began recruitment through a cultural "gatekeeper". This is a practice that is often used in ethnographic research where a member of the community is asked to "vet" the study and to begin to spread the word throughout the community (Padgett, 2008). Because the researcher began recruitment with a community "gatekeeper", a recruitment script was used in order to describe the study in a way that is informative and emphasizes the voluntary nature of participation. This is important to

reduce any misinformation or coercion that could exist in informal conversations among community members. To ensure that the participation of the subjects was voluntary, the subjects were asked to contact the researcher themselves through a phone number provided in the recruitment script. Three subjects were recruited within Minnesota. All participants were at least 18 years old and had been incarcerated for at least a month or arrested more than twice. All three participants were in their twenties with an average age of 23. Two of them identified as Caucasian and one as Asian American. Two participants completed some college, while one had only completed high school. Two participants entered the system at thirteen years old with the other participant entering at fifteen years old. Charges ranged from weapon charges, to drug charges, to what another participant stated was “petty crimes”. Both participants who entered the system at thirteen years old recidivated more than four times with the other participant recidivating significantly less. Sentencing ranged from court ordered inpatient treatment, to probation, to visiting an institution and writing an essay. Only two of the three participants were placed in a residential setting during the time of their criminal involvement as juveniles. One of the participants was only sentenced to probation.

### **Protection of Human Subjects**

All participants were ensured protection first through the approval of the St. Catherine University Institutional Review Board (IRB). In addition to the IRB a Collaborative Institution Training Initiative (CITI). Background information on the focus of the study, description of the interview, research procedures, risk and benefits to participating, and protection of confidentiality was all provided to the individuals interested in participating. This information was given to the individual in a consent form

that was provided and reviewed prior to the interview to ensure any questions the participant had were answered and so voluntary participation was ensured.

The interviews were held in a public place (i.e. a public library in a study room) of the individuals choosing during less popular hours so the establishment was not full of individuals. If another person walked by the table during the interview, the interview was paused to ensure confidentiality. The main interview questions related to pre- and post-justice system experiences. This public location was used for two purposes. First, it was expected that the participants will feel more comfortable in a public, familiar location and secondly, a public venue will ensure the safety of the researcher.

Before the start of the interview, the researcher and participant reviewed the consent form and each participant was required to state his approval. The participants were made aware that at any time they were free to skip any question. In addition, they were informed that they could end the interview at any time with no consequence.

Confidentiality was upheld by not recording any identifying information on both the recordings and in the transcripts. Any identifiable information that accidentally made its way onto the audiotapes during conversation was removed at the point of transcription. Initial audio recordings were made on a password protected cell phone and then transferred to a computer and erased from the phone within 24 hours of recording. All the transcripts and audio recordings were held on the researchers computer in a locked password protected file. Both, transcripts and recordings will be destroyed by May 20, 2016

### **Procedure**

The data were obtained through face-to-face semi-structured interviews lasting approximately 60 minutes. The interview focused on questions about the how the participants saw their involvement as a youth. The repercussions that were given due to their crime and what they thought helped them or hurt them during their involvement. The interview was recorded using *Easy Voice Recorder* cell phone application on the researchers phone in order to later transcribe the information. Prior to the interview the researcher read through the consent form with each participant and asked questions to ensure that they understood the content of the form. (see Appendix B). Participants were given a copy of the consent for their records. The consent form contained contact information for the researcher and the IRB co-chair. The interview took place in a public location as described within the human subjects protection section of this proposal. Following the interview, the participants were asked if they had any questions. Finally, the researcher asked the participant if they would like to be contacted to view the final copy of the research study.

### **Data Analysis**

The transcripts were coded using a grounded theory approach. This approach searches for themes that repeat across the interviews. The methods of data analysis were open and axial coding (Bohm, 2004). For this project the researcher used open coding to look at the what, who, how, when, and where. Through using a systems theory approach it allowed themes to emerge from the data collected in the interviews. Systems theory was used as a lens through which the researcher was able to organize emergent data. Systems theory recognizes how subsystems operate within a larger system, thus looking from a holistic standpoint (Walonick, 1993). Once data was gathered it was read through

and major themes that emerged were highlighted. Once all three interviews were highlighted the researcher then compared the interviews to find major themes among all three interviews. After the major themes that appeared across two or all three of the interviews were highlighted, the researcher narrowed it down to four major themes that seemed to be the most significant across the interviews.

### **Findings**

The question for the current study is: What do previous juvenile offenders believe have kept them from recidivating? When exploring this question many themes emerged regarding what the young adults deemed helpful or not helpful. The findings from the three interviews will be looked at through a systems theory lens.

The main themes that emerged from the current study were 1.) The system plays a big impact in the rehabilitation of a juvenile 2.) Residential placement is more situation depending on the youth at the time 3.) The young adults all had advice to give about obtaining and seeking help 4.) The factors that played into the young adults not recidivating during their adolescent years were all different depending on the young adult. Having goals outside the system played into the young adults not recidivating during their adolescent years were all different depending on the young adult.

### **System is Not Listening**

A huge similarity between the participants was the expression that the system was not listening to their needs or checking in on them as much as what they thought they needed. Participant three talked during the interview about how the social worker that

was given was not focused on his needs; instead the social worker had her own interests in mind, such as reuniting the young adult with family at the time. He commented:

The social worker was focused on reunifying me with my family and I was more focused on being away from my family. My family members are good to me. I at the time dealing with identity crisis as an adoptive child and not knowing how to voice help, family at that time was not what I needed. I needed someone to listen to what I was going through not what my family wanted.

Similarly, participant two stated that the “the school should be more connected”. While reflecting on this comment, participant two stated that the school should of stepped in. “It is what the system above me needed to do to help me. The school failed to respond to an issue so the issue became a bigger issue. “, he said. Both of these quotes from the participants show a systems failure at a mezzo level. With a school setting it is important that it is benefitting the adolescent versus hurting them.

### **What Does Not Work**

For participant one, he did not believe that probation was beneficial to him. He stated that the probation officer never checked in since he just had to call in every morning and night to a number. The probation officer also never gave the participant frequent drug tests so he felt like he could still do whatever he wanted, which led to more crime and being put into an adult institution. He stated: “I believe that when years have been spent on being diagnosed and medicated you do not know what choices are good for yourself. I would never have thought of myself going through so many hurdles with the systems”. With that, looking at how participant three saw that spending time in patient in

multiple facilities caused him to run away, shows that being in residential treatment may not have been as beneficial as it was for participant one. With that, it can be said that everyone's experience is situational and they experience things differently.

With participant three, he stated that the social worker assigned was more focused on family reunification than on what the youth felt he actually needed causing him to run away while residential. Participant three saw the services that were in place as too focused on rehabilitation and not the youth as a person. It is shown when asked what advice he would give to the professionals, participant three stated: "If you're not there listening or aware of those you work with, then you're not helping those individuals nor yourself". Participant one shared a similar experience that his worker was not focused on him stating: "I had been out a year and did not receive one urine analysis".

### **Self- Reflections**

It was pointed out that during the interviews seeking help, as a juvenile is not something that came to mind until after the experience in the justice system. In the end, advice that was given from the participants was to "express yourself", and to know that "there is somebody there to listen". In addition, it was shown throughout interviews that although each individual obtained some sort of help whether it was a social worker or probation officer, at that time they did not find it helpful. Although certain systems were put into place, they did not seem to benefit the young adults at the time they were implemented.

When the young adults were given help as juveniles, the help that was obtained varied from youth to youth. Participant one was convicted on drug charges he stated that

he was given “a probation officer and a three week AODA class”. Participant two’s involvement started with a fight, which earned him a “Probation officer, I had to go to a discussion group and we had to take a field trip to a detention center. I also had to write papers and thirty hours of community hours of community service“. Participant three stated his involvement started with multiple petty crimes and that he was “arrested and charged. Court ordered 10 days of jail time or completing treatment. None, which I was willing to do or complete”. Although none of the crimes were severe, each participant received a very different type of punishment.

### **Factors Helping Youth to Not Recidivate**

With the young adults all stating the larger system had failed them, when exploring what they think helped them on a more micro level, it was shown that each of the young adults had a different idea of what was helpful or not helpful. With participant one, when reflecting back on his experience, he believed nothing did help him because of his age. It took him to be an adult in an adult institution seeing the “revolving door” to help him to stay out of further crime. Participant one stated: “Ultimately what kept me out is that I saw the revolving door of all the people coming back when I was in, who had no life, no family, nothing, and I just did not want to be that”. For participant two it took his want to be in the military. “All of my family was in the military, I wanted to be too”. With participant having a goal to join the military it deflected him from crime. Lastly, participant three, for the four years that he stayed away of crime during his juvenile years attributed his lack of involvement in crime for four years to being treated in inpatient facilities all over Minnesota. Although he wasn’t involved in criminal

activities during this time, he didn't describe his experience as being helpful in other significant areas of his life. Participant three stated,

I was quiet and distant. Always looked towards the ground. That happened so often in family therapy as well. I observed that as a therapist wanting to know how I feel because that's a common question to. I also think that I was feeling guilt and at the time not remorseful of what I had done. At this time, you want to look at what the individual would like to talk about or as "what is on their mind". It's about them in a way that you can relate even if you have not experienced what they have done.

Listening to their end of the story.

When asked why he thought that treatment did not help participant three stated the therapist was not asking the right questions.

## **Discussion**

### **Systems are not Listening**

The major emergent findings were that all three participants felt that the system (whether it be their probation officer, social worker, or school staff) had failed them in some way. Recidivism research has explored risk factors, institutionalization versus community placement, mental health, among other factors, but research has not yet incorporated the voice of the youth receiving services. There are many opportunities for youth to fail in the system, for instance if they are showing difficulty with learning and behavior or mental health (Dogra, 2002). If youth don't feel as though the system is listening to them and working to support them, there will remain a disconnect. This is shown with participant two, he was having difficulty in school and it was stated that the school did not take care of the problem. He felt that the school wasn't supporting him and

he felt that he needed to take care of the problem himself by initiating a fight. In addition to what is happening in schools, it is equally important to examine whether the number of interactions or the quality of interactions with probation officers and social workers impacts the recidivism of an individual. Overall, the participants indicated that the system was failing them because they were not responding to what *they* felt they needed at the time.

### **What does not Work**

Most research suggests that incarceration does more harm than good. Shapiro et al., (2014) mentioned in their research that those who were placed in residential settings had a higher rate of recidivism than those who were not. However, in this small sample it seems that there were varying views on the impact of residential placements. Participant one saw residential as helpful because he saw the revolving door of individuals who kept coming back. Where participant three did not find residential as helpful because he felt that the counseling and therapy was not focused on what he needed instead it was focused on what the counselor or therapist thought he needed. Participant two visited a jail as part of his repercussion and did not find that as beneficial to him. Thus, showing that residential placement impacts individuals differently making it only effective for some.

### **Self-Reflections**

Research has said that even though offenders have been able to recognize negative trends in their lives they still were unable to seek help on their own when needed (Abrams & Aguilar, 2005). The findings in this research are parallel to the findings in this study which show that as juveniles in the system the participants agreed they were

unable to voice what their needs were in order to obtain help. Each of the participants said that other youth should know that someone is there to help and that they should express themselves. That there is a responsibility that juveniles themselves have in the process. Although the participants indicated that the system failed to listen to them and provide the right kind of help, it is interesting to see that as juveniles the participants were also failing to seek and engage in the help they knew they needed. This speaks to the bi-directional relationship that happens between juvenile justice professionals and the juveniles themselves.

### **Factors Helping Youth to Not Recidivate**

Huebner & Berg, 2011 found that a common risk factor throughout the literature is the age at which youth enter the juvenile justice system are when entering and leaving the juvenile justice system. The risk factor played out in the lives of the participants in this research, participants were all young when they first entered the juvenile justice system. Both of the young adults who entered at the age of 14 recidivated 4 or more times after they were first reprimanded.

Literature has talked about several different things that help youth not recidivate. The better the buy-in to the program the better the future plans youth would make (James, et. al, 2013). In addition it has been stated that the more parent involvement with the youth at the time of treatment the greater chance of them not recidivating (Voisin, et al., 2012). None of the literature seems to correlate with the findings from interviewing these three participants.

### **Strengths and Limitations**

The strengths of this current study were the ability to interview participants who had personal insights on what did and did not help them not recidivate. It was a strength to be able to interview individuals with varying criminal activity in their juvenile years and hear similar stories. With most of research being from a professional's point of view it is a strength to have research that is person focused. It is beneficial to be able to hear from the individuals who are involved in the system and know what they feel have worked and hasn't worked.

The limitations in this study include not being able to look at the full juvenile population. With 15-17 year olds left out of the study it creates a limitation of opinions across the vast age range that is considered juvenile. Another limitation in the study is the small number of participants. With fewer than ten participants in the study it gives a narrow look at what offenders really believe helps them from recidivating. A third limitation of this study is that severe crimes such as murder and sex offenses were excluded from this study. These crimes were excluded for the purpose of keeping the researcher safe.

### **Suggestions for Future Research**

Further research is needed to look at the impact of workers responding to the client's needs pre criminal involvement, during involvement in the justice system, and post involvement to understand what could be changed or improved to help youth not recidivate. In addition, further research is needed across all the races to explore if there are more common themes that emerge when responding to the question of what helps youth stay successfully away from recidivating.

The one-size fits all approach is another part of research that is lacking and should be looked at in the future. If we responded differently to each youth, would there be different results in recidivism? With all participants having a different response to a similar reprimand it raises the question of whether a similar approach for everyone really works.

### **Application to Social Work**

This study is important to social work because the young adult population is showing an increase in recidivism and it is important to know what benefits them (Cottle, Lee, & Heilbrun, 2001; Penner, Vijoer, Douglas & Roesch, 2014). Knowing what aids in helping juveniles from recidivating can allow proper services and responses to be implemented when working with this population. If social workers are more informed when working with this population and if they are able to adapt to what the young adults feel work, it could ultimately help reduce recidivism. This does not just apply to social workers, since some social workers do expand their careers into the probation field; this study informs the probation field also that individuals need more attention paid to them while they are on probation. Knowing that individuals are not being checked up on frequently and that is one reason why they tend to use again, which breaks probation, is helpful to know when trying to keep an individual from recidivating especially if they are being reprimanded for a drug charge. As for application to social work when providing counseling, it is good to be informed that juveniles feel like they know what they need, they just do not know how to ask for it. It is important to keep in mind that youth will not respond positively if they think the counseling is not about them and is more about what the therapist or counselor wants.

### **Conclusion**

Recidivism among juveniles has been a focus of research for many years. This study focuses on the rates of recidivism and what young adult offenders believe have kept them from recidivating. The overall findings from this study found that young adults felt it was more of a systems failure with the workers not recognizing the client's need at the time of interaction. Several other commonalities emerged among the participants on a smaller level. The main finding was that a one-size fits all approach does not work. With everyone having a different crimes and different feeling on what they needed at their time of involvement it was found that a different approach could have been used with the previous juvenile offenders at their time of involvement. Not everyone experiences the system the same and not everyone needs the same type of intervention.

This research extends previous research by gathering data that was person centered along with allowing the young adults to have their voice heard about their juvenile experience. This study provides a deeper insight into the need to engage youth in sharing their own stories and helping to create a more individualized response around each person's unique needs. This research may provide a greater perspective on what juveniles involved in the criminal justice system may need in order to help them improve their circumstances and decrease recidivism.

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## Appendix A

### “Research Questions”

I’m going to ask you some questions and some you may not want to answer. As we talked about in the consent – please let me know if you want to skip any or if you want to end the interview. For all of the questions, I want you to look back and think about when you were younger than 18. Some of the things that you were involved with and also think about some of the other kids that you know who may have also been involved in the juvenile justice system. So many times professionals think we know what helps and what doesn’t but we can be off base. The questions that I’m going to ask will help me know better what really works to help kids who are involved with the juvenile justice system. So I’d rather that you tell me to skip a question than make something up that isn’t really true.

1. How old are you now?
2. What’s the highest education that you’ve completed?
3. How old were you the first time you got involved with the juvenile justice system?
  - a. Without giving me details – can you tell me what happened at that time?
    - i. Probe: What type of crime were you accused of?
  - b. What types of professional services were given to you at that time?
    - i. Probe: did you get a social worker, PO, groups, classes?
    - ii. Probe: were you ever in a residential facility or prison?
    - iii. Probe: were they helpful? If yes – what was helpful, if no – what wasn’t helpful?

4. Since that first time, did you ever commit another crime or have someone accuse you of committing a crime?
  - a. If yes – roughly how many times did that happened from the time you were (first offense) until you were 18.
    - i. Probe: once or twice, more than 4 times, etc...
  
5. If no further crime:
  - a. What kept you from committing another crime?
    - i. Probe: impact of professional services?
    - ii. Probe: impact of friends, family?
      1. E.g. Find or spend time with new friends
    - iii. Probe: impact of self and decisions made internally?
  
6. If further crime or accusations:
  - a. Since that first time, what is the longest period of time before you were 18 where you had not committed another crime or been accused of committing a crime?
  - b. During any of those times, what happened that helped you stay away from crime?
  
7. For those who were incarcerated: Did you participate in treatment (DV, AODA, CBT) while incarcerated?
  - a. Did you participate in treatment before your incarceration?
  - b. Did you receive treatment post incarceration?
  - c. What type of treatment did you received?

- d. (If they never received treatment) Were you offered treatment at any time?
  - e. Did you take advantage of other services besides treatment since release?
8. From your own experience and looking at what happened with your friends - what do you think helps keep youth from recommitting crimes?
9. If you were to give advice to professionals like me or like a PO working in juvenile justice, what advice would you give them about what they need to do to really help youth?
10. If you were to give advice to youth who are newly involved in the juvenile justice system, what advice would you give them about what they can do to help themselves?