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An Analysis of the Etiology, Causes, and Management of Juvenile Offenders

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Abstract

Children are among the world's most vulnerable populations. A significant number are committing crimes and end up in the Juvenile Justice System. This paper identifies key elements associated with the problem and reviews pertinent literature associated with juvenile offenders. It analyzes both risk factors and recidivism associated with juveniles who commit crimes. The management of juveniles while in the Juvenile Justice System is analyzed. Assessment of various interventions as well as critiques of interventions is included. Ethical issues are identified. In conclusion, suggestions for an integrated approach and policy recommendations to this significant issue are proposed.

An Analysis of the Etiology, Causes, and Management of Juvenile Offenders

Crime is an important and expansive topic. Even the definition of crime is dependent on the political and historical context of the times. In Eighteenth Century Britain, drunkenness was seen as a sin that threatened the social order and was punished severely (Rabin, 2005). Loader (2006) discusses how the governance of crime in the middle of twentieth century England and Wales was dependent upon public passions and political responsibilities. Because of the Great Famine in Ireland, crimes doubled between 1845 and 1846 (Woodward, 2006). In Nigeria between 1920 and 1960, pickpocketing and prostitution by youth were seen as a significant social concern and punished harshly (Fourchard, 2006). In the United States crime rates are beginning to rise after a significant decline that began in the 90's. Violent crime increased by 2.5 % according to the Preliminary Annual Uniform Crime Report predicated by the FBI in 2005. Murder increased by 4.8% and robbery by 4.5%, again according to the aforementioned report.

Janet Reno, the former Attorney General of the United States, stated that youth violence was one of the greatest single crime problems in the country (O'Toole, n.d.). Young offenders pose unique problems for the criminal justice system and the community. Even so, the House of Representatives of the United States recommended a 17% cut in the budget regarding youth crime prevention for fiscal 2007 (Juvenile Justice Digest, 2006). What accounts for juveniles who commit crimes? How is society supposed to care for youth that do commit crimes? Are treatment interventions effective with juveniles and if so what type of interventions work better? These are important questions and ones that this paper will attempt to answer. Although juvenile

offenses among young women are on the increase, this paper will focus on crimes committed by male offenders (Hipwell et al., 2002). An extensive literature review is presented and covers key elements associated with juvenile offenders. Next an analysis of risk factors, recidivism, and barriers in the treatment of juvenile offenders is addressed. Then an evaluation of interventions along with critiques of what works and what does not work is presented. The ethics of treatment are discussed and in conclusion, a proposal for policy direction is proposed.

Literature Review

Varma (2006) in an article regarding how the public views youthful offenders found that ratings are dependent on the offender's age and maturity. She also found that the more information the public has about the youth, the more favorable or compassionate the public is. Not only is age and maturity important for the public when addressing youthful offenders, it is an important element in how youthful offenders are legislated. There is significant disagreement regarding the minimum age of a child prior to them being held accountable for the crime. Generally, the minimum age is 12. The age limit depends on the state where the crime is committed. This is one of the other issues with juvenile offenders. There is little consistency in the law. Varma suggests that the public does not discern between age and seriousness of the crime. If the crime is murder, the public wants the offender held responsible regardless of age. What she did find was that when the public had descriptive information about the offender, their sentences were less harsh. The more information that is know about the offender, the grater the compassion the public

shows regarding sentencing views. Varma also suggests that the public is more supportive of rehabilitative interventions with juveniles than with adult offenders.

Zimmerman (2006) assesses the role of alexithymia and family structure in the delinquency of male adolescents. Alexithymia is literally without feelings and characterized by an external cognitive style, poor fantasy life, and inability to identify or talk about feelings. In his study, Zimmerman found that both alexithymia and family structure were strong predictors of delinquency in males. The study used 82 male adolescents from four secondary schools in Switzerland. The youth averaged 7.28 arrests and the nature of the crimes included theft, drug trafficking, burglary, and violent offenses. Zimmerman also found that youth from a disrupted family structure were 5.8 times more likely to be delinquent than the control group. Other researchers have identified the need to isolate family structure variables in order to define what disrupted family structure means. Variables like poor parenting, inconsistencies in rules or lack of boundary setting, weak attachments, and conflicts be they verbal or physical within the home, are some that need to be isolated (Mucchielli, 2001; Demo & Acock, 1988).

A number of studies have assessed how socioeconomic factors are associated with delinquency. Wikstrom & Loeber (2000) analyzed disadvantaged neighborhoods in context of those males who were serious juvenile offenders. What they found was that regardless of the neighborhood, if youth scored high on overall offender risk characteristics, the neighborhood that they lived in did not affect their potential for offending. Shannon (2006) identified institutionalized youth, compared them to youth from the community, and found that the former evidenced higher levels of social

disadvantage. He recommends further research to identify how crime and social disadvantage may interact to maintain a continued marginalization of the youth through adulthood. Patchin, Huebner, McCluskey, Varano, & Bynum (2006) explored the relationship of community violence and delinquency. In support of Wikstrom & Loeber, they found that a predictor of future delinquency was not associated with community disadvantage. They did find an association between youth who witnessed violence in their community and crime. Youth who witnessed violence were more likely to carry weapons and be assaultive to others. It appears that violence is a strong predictor of delinquency.

Liaudinskiene (2005) differentiates between levels of delinquency in youth and suggests that some behaviors are a part of the developmental process of ageing. He suggests that most juveniles will violate different elements of law and that this is normal. He proposes that as a youth matures many of the issues resolve and it is only when the behaviors persist and elevate, that problems escalate. In his article regarding resocialization barriers of juveniles, he describes four levels that affect the youth's socialization. These include the family, the youth's personality, the educational organization, and policy of the state and country. Liaudinskiene describes resocialization as needed when a person's behaviors are socially undesirable. His approach is novel and integrates all levels and interface between the youth and their environment.

In their article about predicting violence and homicide in young men, Loeber et al. (2005) identified a number of risk factors that were predicative. These included (a) carrying a weapon, (b) a diagnosis of conduct disorder, (c) selling drugs, (d) gang

affiliation and fighting, (e) use of illicit substances, (f) being around delinquent peers, (g) failing and repeating classes in school, (h) a family that is on welfare, and (i) African American ethnicity. Loeber et al. found that boys with four or more risk factors were more likely to commit violence. These authors state that violence appears to be connected to a number of risk factors and that their results must be further evaluated for validity and refinement.

Farrington and Loeber (2000) explored the etiology, origins, risk factors, and proposed policy recommendation for young children who commit crimes. They found that the earlier delinquency begins in children, the more likely that they will escalate and become chronic violent offenders. Their research supports Nee & Ellis (2005) who recognize that criminality that begins early is generally an element of those who are serious and chronic offenders. Nee & Ellis identify serious disruptive behavior that they term antisocial trending in children as young as two and three years old. The term associated with these children are “life-course persistent” and adolescent limited” (Moffitt, 1993). A critical issue that both articles recognize is that funding for youth offenders is usually directed towards adolescents. Because of the research, it is clear that funding commitments would be more effective if channeled towards earlier assessment and prevention to target younger at risk children.

Juveniles who commit crimes have a very high rate of mental health needs according to Pullmann, Derbs, Koroloff, Veach-White, Gaylor, and Sieler (2006). The percentages of those youth with a mental health diagnosis range from 20% to 83% depending on what and how the diagnoses are constructed. As an example, the 20% figure is determined by youth who have a serious mental health disorder. Those youth

who are delinquent and demonstrate a clinical level of any mental health disorder account for the 83% figure. This actually reveals one of the issues that make it so challenging in attempting to manage this population. The variables are multiple and dependent on a specific context so that it is difficult to generalize the results of any study or intervention outcomes. These authors acknowledge that although the rates of mental health issues are high with these youth, the juvenile justice system lacks resources to manage the mental health needs of them with any degree of efficacy beyond initial screening and education management. Pullmann, Derbs, Koroloff, Veach-White, Gaylor, and Sieler suggest three reasons for this. The reasons are (1) high cost of services for specialists, (2) the manner in which funding is allocated at federal, state, and local levels, and (3) tension between the two systems of juvenile justice and mental health. Glisson (1996) evaluates the limited role that mental health plays with children entering into state custody. He states that over 700,000 children are placed within the corrections systems nationwide on a yearly basis and that many have mental health needs. His position is that the judiciary does not provide adequate assessment to determine the best placements for these children.

Caldwell, Vitacco, and Van Rybroek (2006) designed a study to evaluate the cost and benefits of treating violent juveniles. They recognize that individuals who make decisions about resource allocations are typically looking at cost per unit of treatment and keeping costs low. Decision makers do not typically look at long-range cost analysis. Caldwell, Vitacco, and Van Rybroek recognized the difficulties associated with designing a study that assesses cost-efficiency and cost-benefits, particularly when it is in relationship to managing a social issue. Their study design

incorporated and controlled for factors that usually skew the results of other studies attempting to assess cost benefit ratios and social change problems. They countered random assignment of groups with the use of a propensity score analysis. They also used multivariate adjustment methods to control for the differences between groups. They matched each treatment subject with a comparison study participant. They also attempted to control for extraneous variables that might affect the overall cost benefit ratio like the impact of treatment on offending behavior. They specifically quantified the cost of each offense to victims and society and used a conservative figure for their number. Overall, their results suggested that allocating funds of \$43,375 per participant yielded the taxpayer over \$320,000 per treated offender. This study is significant in that it demonstrates spending the money to adequately treat juvenile offenders is cost effective.

The issue of treatment is controversial when working with criminal offenders. There is a tension between punishment and treatment and much of this is due to cost. Designing and implementing a program that demonstrates positive outcomes is a challenge due to a number of reasons. Rhine, Mawhorr, and Parks (2006) discuss the difficulties in assessing and implementing treatment programs. They recognize that the knowledge of what works is available and state that where this falls short is the implementation. If a program is not implemented well then this affects the outcomes. Some of the problems of implementation that Rhine, Mawhorr, and Parks identify are: (a) improper assessment along with invalid assessment instruments, (b) lack of training and monitoring of staff, (c) lack of supervision by those who are responsible for administering the program, and (d) maintaining the integrity of the treatment

modality. Dowden & Andrew (2004) support Rhine, Mawhorr, and Parks in their recommendations that selection, training, and supervision of staff is paramount in providing effective program implementation and outcomes.

Byrne and Taxman (2005) explore residential community corrections programs as helping facilitate a successful re-entry into the community by offenders. Their study focused on adult versus juvenile offenders, yet many juveniles are of majority age when eligible to transfer to a residential setting. These authors recognize two premises associated with crime control. The first premise comes from classical criminology and is concerned with certainty and control. The second premise is based on realizing that crime is a function of political, historical, and economic factors, that it affects individuals and society, that the quality of intervention is important in rectifying the impact, and that policy decisions need to be based on non-discriminatory practices. Byrne & Taxman propose that managing offenders successfully mandates interventions inclusive of the community. Politics and economics affect both victims and offenders. In order to improve outcomes, both must be engaged in the solution.

In an article on good intentions that meet hard realities, Wilson & Davis (2006) evaluate a reentry program for chronic offenders that did not work. Project Greenlight is the name of the program and the authors attempt to identify reasons that it was not effective. As part of their research, they cite results of a survey of state correctional facilities that recognized significant differences between programs. The differences included their length, subject material, staffing, and external support involvement by community or family. The survey also recognized differences in terms of jurisdictions along the corrections continuum and in terms of funding as private or non-profit.

Wilson and Davis founded Project Greenlight on sound empirical principles. These principles included (a) addressing risk factors, (b) using cognitive behavioral strategies and multimodal treatment approaches, (c) it focused on the needs of the offenders, and (d) provided a supportive element regarding the implementation of treatment (p. 306). They included within the design flexibility and ongoing supervision of treatment providers and staff. The program also included a community base directed by a coordinator in order to connect and facilitate re-entry into the community and families by the offenders. The results of Wilson and Davis's study found participants in Project Greenlight to reoffend more than the control group that was used. The authors suggest that some of the reasons for these results included assignment flaws, program design flaws, and basic problems with implementation. They acknowledge that the cognitive skills program was designed for 8-13 members and groups in Project Greenlight were comprised of at least 26 people. They also state that the program was shortened in terms of both treatment days and treatment duration. The project was originally a three-year design and shortened to one year because of funding constraints. Overall, in their design an attempt to make the project financially attractive to policy makers and funders may have contributed to its failure. The study illumines the complexities of program and treatment implementation and design. Wilson and Davis also identify the ethical issues associate with program design and implementation. They discuss the need to "do good", however caution that on occasion harm may be done. Therefore, they state that requirements for outcome measures as a part of program design are essential. This is one of the reasons that obtaining financial resources for programs is

so difficult. Outcome measures are difficult to quantify and have just recently been required in order to quantify what works and what does not work.

Another treatment model used with violent juvenile offenders is the decompression model. Caldwell and Van Rybroek (2001) used this method in a study that used ten violently aggressive juveniles. The method is based on defiance theory. This theory suggests that if an individual has an antagonist relationship with a person that is trying to control them, their behavior will escalate and become more disruptive. The decompression model is used with those individuals who are most aggressive and rigid in maintaining aversive behavior. It is designed to stop and redirect the aversive behavior towards a more socially accepted position. This is achieved by short interactions with someone that has no link to control. The techniques assist the youth to rise from the entrenchment in defiance. The authors state that only one of the subjects in their study reoffended after release from the facility in a two-year period. Caldwell and Van Rybroek recognizes the limitation associated with their small sample size however do cite other research that supports their findings. The authors suggest that this method allows youth who are aggressive and overtly defiant to authority to engage in treatment once they are able to rise from their defensive posturing.

Dedel (1998) in an article that assesses and attempts to identify national profiles of state juvenile corrections systems recognizes how much disparity there is between them. He states that it is difficult to generalize statistics because the variables are not compatible. Many states have different guidelines regarding how to process juveniles in their courts and detention systems. He identifies many differences in how

juveniles are sentenced. Some states sentence as adults and others send to juvenile facilities, while others may initially send to the juvenile system while holding the option of escalating them to adult corrections. Another difference that he cites is concerning how youth are assigned to programs. He suggests that there are no particular empirical guidelines developed for making these decisions. Other issues of aftercare and decisions about termination are also divergent and not consistent. He did state that two-thirds of states used classification instruments and collected information on recidivism. The definition of recidivism differed between states. His report delineates some of the historical and political issues concerning juvenile justice. There appears to be a lack of political capital to unify and develop a system that provides a means to communicate clearly about this significant social issue. The juvenile justice system is an afterthought and formatted via the adult system of corrections.

Risk factors & Recidivism

Risk Factors

Zimmerman (2006) recognized a number of risk factors associated with alexithymia and family dysfunction. Loeber et al. (2005) identified a number of risk factors that were predicative. These included (a) carrying a weapon, (b) a diagnosis of conduct disorder, (c) selling drugs, (d) gang affiliation and fighting, (e) use of illicit substances, (f) being around delinquent peers, (g) failing and repeating classes in school, (h) a family that is on welfare, and (i) African American ethnicity. They found that if a youth had four or more of these risk factors they were more likely to commit a violent offense. Disadvantaged neighborhoods are not sufficient in and of themselves in defining a risk factor regarding youth who commit a crime. Chung &

Steinberg (2006) in their article on the relations between neighborhood factors, parenting behavior, peer deviance, and delinquency essentially supported the results of prior researchers in this area. They found that this is a multifaceted question with divergent answers and caution about “oversimplified models of risks” (p. 319) for juvenile offender risk assessment.

Juveniles have a high rate of mental health needs and this contributes to risk as we saw in the analysis of the Pullman et al. (2006) review. Baltodano, Platt, and Roberts (2005) recognize disability as a significant risk factor in juvenile delinquency. They state, “...empirical evidence suggests that low academic achievement, alcohol use and abuse, early pregnancy, violence, and delinquency are all highly related” (p. 374). They essentially address the issue of education recognizing the Individuals with Disabilities Education Act (IDEA) as a vehicle for providing needed care as a function of reentry of juveniles into the community. They also acknowledge how poor social skills, poor impulse control, poor judgment, and lack of appropriate coping skills connect to youth disabilities.

Two significant risk factors are associated with juveniles who commit chronic and serious offences. These are age of the first offense and exposure to violence. Although multiple theories and numerous risks are identified in this paper, these two are most predictive of chronic serious offending for juveniles.

Recidivism

Recidivism presents the same quandaries that risk does in terms of assessment. It is a multifaceted issue and each sub-set of the criminal justice system has its own definition of what accounts for it. Generally speaking, recidivism means to reoffend.

Recidivism poses problems about how to measure this variable. Demo, Walters, and Meyers (2005) propose a solution to the issue. They suggest centralized intake facilities that provide standardized assessment measures, assignment features, and follow-up capabilities. They suggest a decision tree model that includes screening for mental health as well as substance abuse issues. A central focus in their model is the use of screening instruments that would adequately assess the youth's needs. The model would also include risk assessment for recidivism and in depth development of intervention and treatment planning with appropriate supervision.

Baltodano, Platt, and Roberts (2005) suggest risk factors for predicting recidivism and these include substance use, lack of education, and continued association with deviant peers. They also found in their article on transitioning from secure care to the community that those youth who were most familiar with their rights regarding disabilities were more likely to continue with their education. These authors state that although the youth had IEP's while in placement, many did not understand what advantages were available to them because of a Special Education designation. An IEP is an individual education plan that focuses on specific goals and objectives for the youth. It is part of the IDEA. Baltodano, Platt, and Roberts also found that youth who returned to their families after release from a secure facility were detained less by the police than a control group used for their study. This does not speak to the issue of recidivism, as the question is what were they detained for and were they charged. The question goes to the heart of the issue of defining what constitutes recidivism.

Substance use and abuse is a significant predictor of recidivism (Pullmann et al., 2006; Demo, Walters, & Meyers, 2005; Stoolmiller & Bechman, 2005). In a study that used a multivariate model of 505 juveniles regarding the impact of substance abuse on recidivism, Stoolmiller & Blechman (2005) found a robust significance in juvenile use of substances and reoffending. When a juvenile is transferred to an adult court, their chances for reoffending increases and their offenses are more likely to be violent (Lanza-Kaduce, Lane, Bishop, & Frazier, 2005).

Interventions

Interventions to manage juvenile offenders are as varied as the problem itself. An essential part of an effective intervention is a thorough assessment of the youth. The assessment needs to include not only the youth, but also their family and community. The political climate and policy directives of the state and local agencies drive the direction of interventions available. A reflection of this is in how youth are initially connected to the correctional system. Are they referred to juvenile or sent to the adult court? Is the focus on corrections or treatment? How and when is the assessment completed? When the assessment is completed it needs to focus on strengths, weaknesses, of the youth and provide an adequate risk assessment founded on reliable and valid instruments.

Once the assessment is complete, the issue of implementation of the plan is imperative. The Project Greenlight experience reinforces the need to maintain close follow-up to treatment planning. We have seen via Rhine, Mawhorr, & Parks (2006) that regardless of what type of treatment is part of a program, it is the implementation of that modality that is most important. With juveniles, education, mental health and

substance abuse treatment are critical elements in their intervention programs.

Research suggests that smaller programs designed around the community evidence less recidivism and more positive outcomes with youth (Abrams, 2006; Cose, 2006).

Another element of intervention is the movement that elevates restorative justice to a treatment venue. Restorative justice is about connecting the offender and victim, along with the victim's family in order to process the impact of the offense on them. This occurs in a number of ways sometimes via the use of offender panels. These panels are when groups of offenders are selected and sit on a panel. The panel is exposed to an audience of individuals who were victimized by crime. The victims are not necessarily the victims of the offenders who are on the panel. Another format transpires when victim and offender meet and trained professionals mediate during the session. An example of one father's experience with restorative justice is the story of Azim Khamisa. His son was murdered and he documents his experiences as he moved towards a restorative justice position and healing from this horrible crime. He connected with the grandfather of the young man that murdered his son. He wrote a book that tells about his journey to forgiveness and reconciliation (Khamisa, 2006).

Roche (2006) views restorative justice as an opportunity and an orientation towards repairing the harm done because of crime. His views are expansive and include the need to apply the policy of restorative justice to all organizations. He conceptualizes restorative justice as a means to resolve conflicts between organizations and systems. He states, "Restorative justice is not just a criminal justice policy, but also a policy for regulating child welfare, schools, corporations, civil

litigants, and authoritarian regimes that abuse human rights” (p. 234). Roche is elevating the concept of restorative justice to the political and historical.

Ethical Issues

A number of ethical issues are associated with the problem of juveniles that commit crimes. These begin on the individual level and progress to the level of society. When children are born, they have an ethical right to expect appropriate nurturance and attachment with their parents. Often this does not happen. When a juvenile offends, questions must be answered regarding their maturity and capacity for decisions prior to determining what happens with them. Issues around chronologic age verses maturational level are also of ethical concern. If a 10 year old carries a weapon because he has been witness to murders, and carries this weapon for defense and to feel safe, then if he uses the weapon when he perceives a threat and kills someone, where is the accountability? This is an ethical question. What if the child is 12 or 14, does the answer differ? What if the child is 16 and is developmentally impaired? The fact that society does not provide standardized answers to these questions is an ethical issue. In Michigan, the state where I live, 300 young men are serving life sentences for crimes committed when they were juveniles (ACLU, 2006). What is the meaning of justice?

Any policy direction must first delineate what responsibility society has in parenting children. Due to social and economic issues, children are often without appropriate guidance as they mature. Regardless of the level of government intervention, the mandate must be to shelter, nurture, and guide the children. Children must be provided a safe environment or else they will create their own safety in

whatever means available to them, including weapon use. It is necessary to acknowledge that parents need support. This recognition must be done without judgment or criticism otherwise, policy directives will not work. Decisions around accountability of juvenile offenders need to be identified via policy initiatives and with the support of the psychological community. The use of empirical evidence must guide these policy decisions.

Conclusion

Justice is dependent on the political and historical context of the times. Juvenile justice involves the most vulnerable of our population. The offenders do not reflect this vulnerability in their actions. They reflect a skill learned in defense of the experience of vulnerability in order to create a mistaken perception of power and entitlement. Everyone loses because of this. Society loses as victims of crime and offenders lose because for the most part they will continue to reoffend.

This paper presented an extensive literature review and covered key elements associated with juvenile offenders. An analysis of risk factors and recidivism was addressed regarding the treatment of juvenile. Then an evaluation of interventions along with critiques of what works and what does not work was presented. Ethics associated with the treatment of juveniles was discussed. Finally, a suggestion for policy direction was proposed. In a just society, justice must be balanced and include the most vulnerable of the population. The most vulnerable are society's children.

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