

A COMPARISON OF
INCARCERATED AND DETAINED
JUVENILE DELINQUENTS WITH AND WITHOUT
SPECIAL EDUCATION DIAGNOSES

by

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DEDICATION

I would like to dedicate this to my daughter, Kiersten, the light of my life and a representative of the future.

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ABSTRACT

The purpose of the present study was to compare the criminal histories of juveniles who are incarcerated versus detained within the juvenile justice system. Specifically, this study compared youths with and without a special education diagnosis that were either detained or incarcerated on various delinquency variables. The variables that were examined were: ethnicity, age at first offense, number of referrals in criminal record, and level of most serious offense. It was hypothesized that there would be no significant associations between the incarcerated and detained youths on each of these variables when examining the observed frequencies. Additionally, it was hypothesized that there would be no significant associations between the special education and non-special education youths.

In terms of ethnicity, there was a significant association between the special education and non-special education youths for the entire sample as well as the detained sample. There was a significant association found between the non-special education incarcerated and non-special education detained youths on the observed frequencies of age of first offense and between special education and non-special education youths in the incarcerated sample. When evaluating the total number of referrals, a significant association was found between the incarcerated and detained youths, incarcerated and detained non-special education youths, incarcerated and detained special education youths, and incarcerated and detained emotionally disturbed youths. There was also a significant association found between special education and non-special education youths in the detained sample as well as the incarcerated sample on the number of referrals. The

analyses of the level of most serious offense revealed significant associations between the incarcerated and detained non-special education youths, incarcerated and detained special education youths, and incarcerated and detained emotionally disturbed youths. There were no significant associations found between the learning disabled incarcerated and learning disabled detained youths on any variables.

The results highlight the many areas in which incarcerated youths and detained youths, as well as special education and non-special education youths, differ within the juvenile justice system. The implications of these findings, future areas for research, and the study's limitations are discussed.

CHAPTER 1

INTRODUCTION

Over the past several decades the juvenile justice system has undergone many changes. These changes have significantly impacted its role in society. The juvenile justice system formally began in 1899 with the establishment of the first juvenile courts in the state of Illinois (Small, 1997). By 1912, 22 states had juvenile courts and by 1925 only two states did not have a juvenile court system in place (Binder, 1979). Before this time, all juveniles suspected of committing a crime were treated as adults in the criminal system. Since the instatement of a separate court for juveniles, there has been much controversy over the function of the court, services that should or should not be provided, and the court's connection to the adult criminal system. For example, one viewpoint has centered on the "rehabilitation" of juveniles, while another has focused on "punishment." These differing views have also been reflected in society at large *vis-à-vis* what to do with juveniles who break the law (Morris & Morris, 2006).

When the juvenile justice system was first created the main purpose was rehabilitation of the offenders. Society, at that time, believed that through proper care and treatment people could be rehabilitated, and that the primary question was whether juveniles were amenable to treatment (Small, 1997). In this regard, youths who committed crimes were seen as "less responsible for their actions, less likely to benefit from punishment, and more amenable to change" (Moon, Sundt, Cullen, & Wright, 2000, p. 39). Consistent with this philosophy was the fact that after the inception of the first juvenile courts, the Pennsylvania Supreme Court ruled in 1905 that juveniles had no right

to due process since the court actions did not represent criminal procedures (Rich, 1982). In addition, confidentiality of proceedings and limited access to records further protected children in the judicial process (Marcotte, 1990).

The philosophical and related policy positions of the juvenile justice system shifted in the late 1960's and soon became one oriented towards punishment and retribution. Society was increasingly taking the position that the leniency afforded youths within the juvenile justice system was leading to more victimization of the public (Moon et al., 2000). The United States Supreme Court also began hearing cases in the 1960's that were directed at the rights of youths in the juvenile courts (Shepard, 1999). The first major case to change procedures in the juvenile courts was *Kent v. United States* in 1966. The original trial judge in *Kent v. United States* had failed to hold a hearing prior to sending a 16 year-old youth to criminal court and also failed to provide the juvenile's lawyer with pertinent information regarding the case. The Supreme Court held that Kent had been denied due process, and ruled that juveniles were entitled to a hearing before being waived to adult court (Shepard, 1999).

Another case involved Gerald Francis Gault, a 15 year old Arizona youth. In the *In re Gault* (1967) case, Gault was taken into custody for making obscene phone calls to a female adult neighbor and he was committed to the state industrial school until adulthood. However, an adult who committed the same offense would have been subject to a maximum penalty of two months in jail versus the three year sentence that Gault received. This discrepancy resulted in the Supreme Court granting many additional rights to juveniles, including the right to counsel, written notice of charges, and the 5th

Amendment Right guarding against self-incrimination (Shepard, 1999). A third major case during this time period was *In re Winship* (1970) that addressed the issue of “standard of proof” in the juvenile court system. Previous to this case most juvenile courts had used either “preponderance” or “clear and convincing” as the standard of proof; however, *In re Winship* the Supreme Court concluded that the standard of proof should be “beyond a reasonable doubt” — the same standard as is used in criminal courts (Connell, 1980). The progression toward more rights for youth slowed in 1971 with the case of *McKeiver v. Pennsylvania* in which the court ruled that a juvenile does not have a right to a trial by jury in the juvenile justice system (Binder, 1979). However, the momentum shifted again in 1974 when the U.S. Congress enacted the *Juvenile Justice and Delinquency Prevention Act*, which allocated funds for prevention and community-based treatment of juvenile delinquents and established the Office of Juvenile Justice and Delinquency Prevention to administer these programs (Sacks & Reader, 1992).

As the seriousness of crimes committed by juveniles began to increase in the United States, the courts also shifted their focus toward treating juveniles as adults. For example, in 1978 New York passed the designated felony act which required that youth who committed certain offenses be tried in adult court (Connell, 1980). In past years, juveniles could be waived to adult court by a judge, but this act mandated the waiver of youth who committed certain offenses. This movement away from rehabilitation was also reinforced by the 1984 National Advisory Committee for Juvenile Justice and Delinquency. In particular, this committee encouraged state legislators to pass laws permitting more juvenile transfers to adult court (Sacks & Reader, 1992). Consistent with

this movement, Bishop, Frazier, Lanza-Kaduce, and Winner (1996) found that “juvenile codes in more than a dozen states have been amended to deemphasize rehabilitation and to include language explicitly acknowledging punishment and protection of public safety as proper juvenile justice codes” (p. 173). A survey of transfer codes found that all 50 states had some provision for transferring juveniles to adult court with about half having an automatic file provision for certain crimes (Heilbrun, Leheny, Thomas, & Huneycutt, 1997). Nine states had no minimum for the transfer to adult court (Heilbrun, et. al, 1997). These legal decisions and related policy matters over the past 30-35 years reflect the changes within the juvenile court system away from an emphasis on rehabilitation and toward a more punitive model.

Who is a “Juvenile Delinquent?”

Although it is clear that the juvenile justice system has a solid foundation dating back over 100 years, the definition of a “juvenile delinquent,” (i.e., one who commits a crime), remains unclear. The term “juvenile delinquent” comes from the fact that illegal acts committed by youths under the age of 18 are referred to as delinquent behaviors (Shoemaker, 2005). Although the manner in which “juvenile” is defined in the US may vary from state to state based, for example, on the person’s age and/or nature of the crime that he or she has committed, the generally accepted definition is that a juvenile is a person who is between 10 and 17 years-of-age (National Council on Disability, 2003; Rich, 1982). Children below the age of seven are generally assumed to be incapable of criminal intent and are thus exempt from being involved in the juvenile justice system (Snyder & Sickmund, 2006; Wirt & Briggs, 1965).

The other area of dissention centers on what crimes are considered illegal or “delinquent” for juveniles to commit. In this regard, a broad definition of a “youthful criminal act” presented by Hoge (2001) is “any action which violates a law or ordinance of the jurisdiction in which the action is performed” (p. 14). For example, in some states this would mean that a juvenile who has run away from home may be considered a delinquent based on his or her age. Such variability across states also contributes to the difficulty in analyzing data across states or regions of the country because such data may not include the same age categories or types of crimes (e.g., Hoge, 2001; Wirt & Briggs, 1965).

Processing a Juvenile Delinquent within the Juvenile Court System

At the time of arrest, a juvenile may be referred to the juvenile court or diverted to alternative programs, such as drug courts, Child Protective Services, or other specialty courts that may exist in specific jurisdictions (Snyder & Sickmud, 2006). Once a case has been referred to the juvenile court there are many paths that it may take. First, the case is typically reviewed by the county attorney to determine whether the charges are warranted and if there is sufficient evidence to prove the allegation (Snyder & Sickmund, 2006). If there is sufficient evidence to proceed, the county attorney has the ability to decide if the case should be (1) diverted to another agency, (2) handled informally, or (3) continued with the court filing (Snyder & Sickmund, 2006). If the case is to be handled informally, then the juvenile is often presented with an offer to complete a set of conditions that are supervised by a probation officer. These conditions may include drug testing, community service, written apologies, or other similar actions. If these are completed then the case is

dismissed; however, the juvenile still has the referral or contact on his or her record. A more formal processing involves proceeding with the case in juvenile court, or depending on the circumstances and state laws a filing to adult court (Snyder & Sickmund, 2006). A formal processing with the juvenile court results in a “delinquency petition” and request for an adjudication hearing where the juvenile is seen in court and judged to determine whether or not he or she is guilty of committing the alleged act(s) (Snyder & Sickmund, 2006). This is different than the language used in adult court where an offender is convicted of a crime and sentenced (Snyder & Sickmund, 2006).

Throughout this process juveniles may be detained in various ways depending on state regulations. After a juvenile has been arrested, law enforcement typically has the ability to release a youth to her or his family or to take the person to a detention facility. Depending on the youth’s past history, current allegations or other factors, the juvenile court staff may determine that a youth should be detained if there is a risk or threat to the community. According to Stahl, Finnegan, & Kang (2006), 1 out of 5 youths are detained, and these individuals must have a hearing within 24 hours in order for a judge to determine if they should be released to the community or continue in detention until further review (Snyder & Sickmund, 2006). At the detention facility, staff review the case to determine if the juvenile should be detained pending a hearing by a judge (Snyder & Sickmund, 2006). At the hearing the judge then determines if continued detention is warranted.

If a juvenile is found to be delinquent a disposition plan is then developed which involves various types of sanctions against the person. Commonly, youths are given

terms of probation that range widely in severity and length. However, a youth may also be placed in a residential confinement facility. According to Snyder and Sickmund (2006), 24% of the cases in which youths were adjudicated as delinquent resulted in residential placement. These placements also range widely from state to state in terms of security and operational functions (Snyder & Sickmund, 2006). The length of stay is often then decided by the department of juvenile corrections in which these juveniles are placed, but in some states the judge makes this determination (Snyder & Sickmund, 2006).

Although incarcerated juveniles have been studied more frequently than those in detention centers, there is relatively little research published on the criminal histories of these individuals in either setting. Such information may provide valuable insights regarding the youths in each setting and how they differ from one another as well as from other persons who come to the attention of the juvenile justice system. We also know relatively little about how these youths are further processed within the juvenile justice system and what happens to them once they are later released back to the community or referred for further sanctions such as residential placement.

Purpose of the Study

The purpose of the present study was to compare the criminal histories of juveniles who were incarcerated versus detained within the juvenile justice system. Specifically this study compared youths with and without a special education diagnosis that were either detained or incarcerated on various criminal history variables. In particular, the variables that were examined in relation to “detained” versus

“incarcerated” status and special education diagnosis were: ethnicity, age at first offense, number of referrals in delinquency record, and level of most serious offense.

Hypotheses

The following null hypotheses were examined:

- H_0 : No significant association exists in the observed frequency of youths across ethnicity categories
- H_0 : No significant association exists in the observed frequency of youths in regard to age of first offense
- H_0 : No significant association exists in the observed frequency of youths in regard level of most serious offense
- H_0 : No significant association exists in the observed frequency of youths in regard total number of referrals

For each of the hypotheses above the following groups were examined:

- Observed frequencies of incarcerated and detained youths
- Observed frequencies of non-special education incarcerated and non-special education detained youths
- Observed frequencies of special education incarcerated and special education detained youths
- Observed frequencies of learning disabled incarcerated and learning disabled detained youths
- Observed frequencies of emotionally disturbed incarcerated and emotionally disturbed detained youths

- Observed frequencies of non-special education youths and special education youths
- Observed frequencies of non-special education incarcerated and special education incarcerated youths
- Observed frequencies of non-special education detained and special education detained youths

CHAPTER 2

REVIEW OF RELEVANT RESEARCH

In 2003, approximately 2.2 million juveniles were arrested based on the Uniform Crime Reporting Program of the Federal Bureau of Investigation (Snyder & Sickmund, 2006). Although each case may be handled slightly differently based on state laws, policies, and situational factors, in general, once an arrest has been made the juvenile is processed by the juvenile court system. When considered as a whole, in 2002 juvenile courts processed more than 1.6 million cases or approximately 4,400 per day (Snyder & Sickmund, 2006).

The types of crimes that juveniles commit can be broken into several categories, with the most common major categories involving the following: *property offenses* (e.g. burglary, trespassing, vandalism, and theft); *person offenses* (e.g. crimes against another individual, such as murder, rape, robbery, and assault); *drug offenses* (e.g. the possession, use, and the sale of illegal substances); *public order offenses* (e.g. disorderly conduct and obstruction of justice); and *status offenses* (e.g. crimes not considered if the person was an adult, such as runaway, truancy or consumption of alcohol). In 2003, approximately one quarter of all juvenile crimes were person offenses and 38% were considered property offenses (Stahl, et al., 2006).

In 2002, the number of cases that were formally petitioned before the court was 934,900 (Stahl, et al. 2006). Of these, 67% of all petitioned cases were adjudicated (i.e., appeared before a judge and found guilty), and more than 60% were adjudicated for each of the offense categories, with the exceptions of criminal homicide, other person offenses

and trespassing which were all adjudicated 57% of the time (Stahl et al. 2006). Community service or other conditions for release (e.g., court ordered counseling) were the most likely disposition used by the courts in 2000, with 63% of the cases petitioned resulting in probation (Puzzanchera, Stahl, Finnegan, Tierney, & Snyder, 2004). Another option is “out of home placement.” In 2000, approximately 24% of adjudicated cases resulted in out of home placement for the juvenile (Puzzanchera et al., 2004). In 11% of the cases the disposition resulted in some other sanction such as restitution or fines, community service, or an order to attend some form of treatment (Puzzanchera et al., 2004). It is important to note that the number of cases in which the juvenile was ordered to residential placement increased 44% between 1985 and 2002 (Stahl et al., 2006).

In order to evaluate the number of youths in juvenile correctional facilities a census is conducted yearly in the month of October. This census results in a one day count to provide a picture of the number and type of youths residing in these facilities. In this regard, in 2003 approximately 97,000 juvenile offenders were in residential placement (Census of Juveniles in Residential Placement, 2006), including both private and public facilities.

Snyder and Sickmund (2006) evaluated the difference between the youths detained and the youths in correctional facilities and found that “compared with the detained population, the committed population had a greater proportion of youth held for sexual assault, burglary, and theft and fewer youth held for technical violations of probation or parole” (p. 200). For the major offense categories, those in correctional facilities committed a higher percentage of person offenses (34%) than property or drug

offenses (28%) and (8%), respectively (Census of Juveniles in Residential Placement, 2006). Detained offenders exhibited a similar breakdown with 31% person offenses, 24% property offenses, and 8% drug offenses.

The major difference between detention and residential facilities is the length of stay. The average length of stay for youths in detention was 15 days, as opposed to over 100 days for residential placement (Census of Juveniles in Residential Placement, 2006). In both detention and residential placements juveniles who committed person offenses averaged longer stays than youths committing other offenses (Census of Juveniles in Residential Placement, 2006). Thus it seems that juveniles in detention exhibit some similarities in types of offenses committed and some differences in length of stay; however, little research exists in these facilities that focuses on the criminal histories of these youths and what educational factors may be related to these histories.

Risk Factors

Juvenile delinquency research includes a relatively robust history in the area of risk factors. Risk factors “refer to characteristics of the individual or their circumstances that are associated with a harmful or otherwise negative outcome” (Hoge, 2001, p. 49). In other words, risk factors are specific characteristics that are associated with an increased probability youths will engage in criminal activity. In general, “a variable has been regarded as a cause if it is correlated with delinquency, if it occurs before delinquency, and if the relationship between the variable and delinquency holds up after controlling for other possible confounding variables that might be causes” (Farrington, Loeber, Yin, & Anderson, 2002, p. 55). Some of the risk factor areas identified as primarily related to

juvenile delinquency include school, peers, family, community, and individual (Sharpe & Litzelfelner, 2004).

As with other areas of juvenile delinquency, there are definitional and methodological issues associated with the research. Methodologically this area of research examines risk factors to determine if children or adolescents will become delinquents. Such research is often longitudinal in nature and difficult to conduct due to the fact that juvenile criminal records are often protected because of privacy concerns. In addition, studies that are retrospective in nature rely on the recall of individuals and/or their parents to classify past behaviors and attitudes which introduces accuracy and reliability issues and the possible bias of more recent events (Mitchell & Rosa, 1981). In addition, many studies examine juveniles once they have been adjudicated in order to determine if they will re-offend, and these studies contain many definitional problems. For example, a “re-offender” or “recidivist” may be defined as a juvenile that has more than one contact with police, more than one referral to court, a specific number of prior offenses, or an offense committed after probation. Another possible definition of recidivism is determined by whether a juvenile reoffends within a specific time frame, typically between 12 to 30 months (Myner, Santman, Cappelletty, & Perlmutter, 1998). Further, some studies in this area only examine “chronic” or “serious” offenders which involve similar definitional issues. Thus, the wide variety of definitions affects comparison studies as each may have used a different definition in their data collection.

One of the first major studies examining risk factors that contribute to juvenile delinquency was conducted by Glueck and Glueck (1950). The study included 500

delinquents and 500 non-delinquents between 11 and 17 years-of-age from the Boston area. The youths were matched on the following factors: living conditions (i.e., for every delinquent youth living in an underprivileged neighborhood a non-delinquent youth was matched from the same area), age, ethnicity, and intelligence. The study resulted in several factors identified as associated with juvenile delinquency, including family criminal history, poor parenting skills, and defiant attitudes (Glueck & Glueck, 1950). The researchers also discovered that the factors were additive in nature; that is, the more variables present the higher the probability to offend (Glueck & Glueck, 1950). A longitudinal study conducted in Buckinghamshire, England investigated youth behavior as rated by parents and teachers on questionnaires before the children were considered delinquent (Mitchell & Rosa, 1981). The study involved 321 matched pairs of youths that scored as “high deviators” as youths (i.e., those that exhibited behaviors not considered the norm) and those that exhibited only behaviors considered “normal” for their age. The results showed that boys whose parents indicated that they showed behaviors such as lying, stealing, or being destructive had a greater chance of being convicted of a crime in addition to a greater chance of appearing in court on more than one occasion (Mitchell & Rosa, 1981). Further, the researchers found that when parents and teachers were in agreement that a particular child was a thief or a liar, the frequency of later criminal involvement was significantly increased (Mitchell & Rosa, 1981). A meta-analysis conducted of studies investigating the prediction of juvenile delinquency found that parental family management techniques, childrens’ problems behaviors, criminality of

family members, and the children's poor educational achievement were all predictors of delinquency (Loeber & Dishion, 1983).

Ethnicity

Disproportionate minority contact within the juvenile justice system has been a prominent area of concern for over 20 years. In the 1988 amendments to the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974, Congress required that States participating in the Formula Grants Program determine if disproportionate minority confinement (DMC) exists and, if so, demonstrate efforts to reduce it. According to the Juvenile Arrests Report published by the Office of Juvenile Justice and Delinquency Prevention, the racial composition of the juvenile population in 2004 was 78% white, 17% black, 4% Asian/Pacific Islander, and 1% American Indian, whereas of all juvenile arrests for violent crimes in 2004, 52% involved white youth, 46% involved black youth, 1% involved Asian youth, and 1% involved American Indian youth (Snyder, 2006). For this report, most Hispanics (an ethnic designation, not a racial category) were classified as being white. A similar discrepancy was found in an earlier examination when the ethnicity breakdown for youths in custody with 57% of the youths being White, 32% Black, and 9% Hispanic (Moone, 1993). Specific data on disproportionate contact for Hispanic youths is unclear as many states do not have a category for this ethnic group and they are often placed in the category labeled "White."

A review of studies published between 1989 and 2001 found that the majority, 25 of 34, reported race effects in the processing of youth (Pope, Lovell, & Hsia, 2002). A study evaluating decision making and outcomes of juveniles through the juvenile justice

system in Florida found that a greater proportion of nonwhites than whites received a more severe disposition at each stage of processing (Bishop & Frazier, 1996). They specifically found that 31% of nonwhite youths were incarcerated or transferred compared to 18% of white youths and that the typical white delinquent has a 9% probability of being committed or transferred, compared to a 16% probability for nonwhites. When examining specific ethnic categories, African American youths are overrepresented at all stages of the juvenile justice system and they are more overrepresented than any other minority group (Hsia, Bridges, McHale, 2004).

Since the law was amended in 1988 and focus was brought to disproportionate minority contact some of the results of studies have been mixed. For example, one study found that African-Americans were less likely to become chronic offenders, while Latinos showed an above average likelihood (Jones, et al., 2001). A study of Ohio juvenile delinquents found that “non-White youths have odds of being detained that are 1.28 times the odds for their Caucasian counterparts,” but Caucasian juveniles were 1.31 times more likely to be adjudicated than their minority counterparts (Wu, Cernkovich, & Dunn, 1997, p. 271). Similarly, African Americans were less often prosecuted than Whites in a study by Barrett, Katsiyannis, and Zhang (2006). Another found that African Americans were less likely than Whites to be detained (Rodriguez, 2007). One of the proposed reasons for these recent results has been referred to as “self-correction” measures where judges may be compensating for the perceived over-arrest statistics of African Americans (Rodriguez, 2007). In other words, judges may be attempting to

balance the system by detaining less African Americans since they perceive disproportionate contact by the arresting officers.

Although past research has focused on African Americans and Hispanics in terms of disproportionate contact, research in the past few years has expanded to other ethnic minorities. A recent study found that Asian youths were more likely to receive more severe outcomes than other groups, in particular White youths (Leiber, Johnson, Fox, & Lacks, 2007). In terms of Native Americans, “national data suggest that American Indian youth are placed in correctional facilities at twice the expected rate, [and] state data give evidence of an even greater overrepresentation” (Hsia et al., 2004, p. 3). A study in 1994, however, found that Native American youths who were either under court authority or charged with serious delinquency were less likely than other youths to be referred to petition (Leiber, 1994).

Age of First Offense

Research has shown that youths that commit their first offense at a younger age are more likely to become serious, violent and chronic offenders (Jones, et al., 2001; Katsiyannis, Zhang, Barrett, & Flaska, 2004; Loeber & Farrington, 2000; Piquero & Chung, 2001). The literature, however, is not consistent on what constitutes a young offender. Loeber and Farrington (2000, p. 738) define it as “children who have committed a delinquent act between ages 7 and 12 years inclusive.” Tolan and Thomas (1995) also used age 12 or younger to determine early onset. On the other hand, several other studies have used the age of fourteen in order to distinguish early from late onset delinquents (Alltucker, Bullis, Close, & Yovanoff, 2006; Patterson & Yoerger, 2002;

Piquero & Chung, 2001; Tibbetts & Piquero, 1999). One study found “the younger the juvenile entering the system for the first or second time, the more likely that he or she will become a chronic offender” (Jones, et al., 2001, p. 492). Similarly, “age of first commitment was the single most important predictor of recidivism” in a study examining the relative contributions of various psychosocial variables to recidivism (Katsiyannis, et al., 2004, p. 28). The age of first commitment of an offense accounted for 58% of the variance of recidivism in one sample, with younger offenders being more likely to recidivate (Myner, et al., 1998). According to Katsiyannis, et al., (2004) repeat offenders tend to engage in delinquent behavior at a younger age than non-recidivists as well as commit more serious crimes. Another study found that those youths that began offending early in life were more likely to engage in serious offending (Piquero & Chung, 2001). Comparatively, early onset males rate of serious offending ranged from 2.1 to 2.9 times the late onset group in one longitudinal study (Tolan & Thomas, 1995).

In order to attempt to identify factors that lead to early delinquency, Alltucker, et al. (2006) found that youths with previous foster care experience were four times more likely to have an early start. They also found that youths with a immediate family member, including mother, father, or sibling, that had a felony conviction were two times more likely to be early start juvenile delinquents. A meta-analysis of the research literature on predictive risk factors for adolescent and early adult violent or serious delinquent behavior evaluated factors for both younger children and adolescents (Lipsey & Derzon, 1998). Results indicated that predictors were different in the early age group as compared to the later age group. The strongest predictor of subsequent violent or

serious delinquency was that of a juvenile having an offense in the 6-11 year-old age group, followed by substance use (Lipsey & Derzon, 1998). On the other hand, the predictors for the 12-14 year-old age group were interpersonal in nature, including lack of social ties and involvement with antisocial peers (Lipsey & Derzon, 1998).

Number of Referrals and Recidivism

As mentioned earlier, one of the areas that has been frequently studied involves investigating whether adjudicated delinquents will reoffend. For example, in a study examining re-offense rates in 157 first-time juvenile offenders, several factors were found that accounted for a statistically significant amount of the variance, including committing a drug offense as the original offense of youths and known gang activity for the youths (Sharpe & Litzelfelner, 2004). A study that investigated chronic offenders (defined as those juveniles that reentered the system three or more times) found significance in the areas of ethnicity, gender, and age (Jones, Harris, Fader, & Grubstein, 2001). Specifically, they found that Hispanics demonstrated an above average likelihood of becoming chronic offenders, males were more likely than females to become chronic offenders, and the younger the juvenile entering the system for the first or second time the more likely they will become chronic offenders.

Another factor that was found to be related to recidivism was educational remediation. For example, a study by Archwamety and Katsiyannis (2000) found that youths in a remedial math or reading group were twice as likely to be recidivists than those in the control group. They also found that age factors, academic achievement factors, and IQ factors were all correlated with recidivism. Research has also shown that

youths' prior referrals have an effect on later processing within the court system. For example, one study found that juveniles with more extensive prior records and prior detention stays were more likely to be detained when referred in the future (Rodriguez, 2007). Similarly, Bishop and Frazier (1996) found that formal processing was recommended more frequently for youths with lengthy and serious prior records. An interaction model from the same study found that both non-whites and whites were rarely detained when they had no prior record, or had a prior record that was not "serious."

Seriousness of Offense

Fewer data are available on factors related to a youth's most serious offense. The data evaluating the seriousness of offense tends to relate back to ethnicity, age of onset, chronic offending, or violent offending specifically. However, one study found that the seriousness of the current offense was the strongest predictor of outcomes (Bishop & Frazier, 1996). A study that looked at the prediction of violent offending found that childhood temperament was found to be a predictor of having at least one violent conviction by the age of 18 (Henry, Caspi, Moffitt, & Silva, 1996). Another revealed an interaction between birth complications and maternal rejection as a predictor for violent offending (Raine, Brennan, & Mednick, 1997). Future violent offenses were also shown to be predicted by several personality characteristics including: shallow, changing emotions as measured by the Hysteria scale on the MMPI-A, and low self esteem (Parker, Morton, Lingefelt, & Johnson, 2005). The same study also found poor anger control, the perception that others are persecuting you, difficulty controlling one's own emotions and impulses, as well as generalized health concerns as predictive of future violent offending.

In terms of educational associations, one study did find that offenders with aggressive felonies had more severe reading deficits than property felonies, misdemeanors, and status offense groups (Beebe & Mueller, 1993).

Theories of Juvenile Delinquency

History has shown that juveniles have been committing crimes for centuries, and numerous theories have been developed to try to understand this situation. The major theoretical categories concerning the etiology of juvenile delinquency are the following: *classical, biological, psychological, economic and social, labeling, and integrative* (Shoemaker, 2006; Hoge, 2001). Inherent in many theories is the notion that any explanation must include a discussion of the life experiences of youths (Shoemaker, 2005). Other theories only address the issue of criminality and do not specifically discuss youth crime. Youths today are exposed to very different situations than when the juvenile courts were first created and the more a theory is able to address this fact the more applicable it may be to juveniles in our current juvenile justice system. A comprehensive and accurate theory of juvenile delinquency is also desired in that it helps us understand the potential causes of juvenile delinquency and allows professionals to empirically evaluate prevention and treatment approaches (Hoge, 2001). However, most of the theories concerning juvenile delinquency have not been empirically tested, and those that have been tested only reveal weak predictive power and are unable to account for most of the variance (Borowski, 2003). Some of the major theories of juvenile delinquency are discussed in this section.

Classical Theory

Classical theory is one of the oldest and most referenced theoretical perspectives on juvenile delinquency. Hoge (2001) refers to it as an “amorphous philosophical model representing a set of assumptions about the causes of criminal activity and the most effective way of dealing with that activity” (p. 51). The roots of the classical theory can be traced to Cesare Beccaria (1764/1963) and his views, originally published in 1764, that individuals act the way that they do because they derive pleasure in those acts. The key concepts of this model are that humans have rational thought and, therefore, choose activities using their own free will (Hoge, 2001; Shoemaker, 2005; Onwudiwe, 2004). In essence, all individuals act using free-will in order to derive pleasure and gratification. These actions are carried out with reason and intelligence and thus all humans are responsible for their actions (Vold & Bernard, 1986). The difference, therefore, between a “criminal” and “non-criminal” is that the criminal chooses to ignore laws and rules in order to obtain his/her goals, while the non-criminal remains within the constraints of the law in order to achieve his/her goals (Shoemaker, 2005). One of the primary criticisms of this theory is that although reason and choice are used by individuals to make decisions, the choices people make are also influenced by various environmental and individual factors (Shoemaker, 2005).

Biological Theory

The biological theory posits that criminal actions are due to genetically or biologically influenced personality or emotional characteristics (Hoge, 2001). Essentially, the behavior is caused by some mechanism internal to the individual, and

these mechanisms predispose the individual to criminal behavior (Shoemaker, 2005). Early biological theories focused on the idea that structure determines function and that individual actions are a result of structural differences within each individual (Vold & Bernard, 1986). More modern biological theories, however, argue that biological factors may increase the likelihood that an individual will engage in criminal behaviors, but do not necessarily determine that the individual will do so (Vold & Bernard, 1986). One of the most referenced biological theories involves a genetic model and concordance rates of twins (Vold & Bernard, 1986). In the early 1900's, Charles Goring conducted studies investigating if there was a hereditary component to criminality (Vold & Bernard, 1986). Goring found high correlations between the criminality of one parent and another, between both parents and their children, and between brothers. Goring went on to argue that these findings were not the result of environmental or social factors because longer periods of contact with criminal parents did not result in more criminal behavior in their children (Vold & Bernard, 1986).

Twin studies are another method in the evaluation of biological theories. In 1937, a study was published that evaluated the concordance of juvenile delinquency in identical and fraternal twins (Newman, Freeman, Holzinger, 1937). This study found that 93% of 42 pairs of identical twins were both adjudicated as delinquents. In a corresponding group of 25 pairs of fraternal twins, 20% of both twins were adjudicated as delinquents (Newman, et al., 1937). A recent study examined twins from a longitudinal cohort and found that "early delinquents" (those exhibiting delinquents behaviors prior to age 11) had "lower verbal and spatial memory functioning, more problems related to

psychological, emotional, and behavioral inhibition, higher negative emotionality, earlier and more persistent association with antisocial peers, and higher familial transmission of antisocial behavior and greater genetic influence on their phenotype” as compared to late starters and nondelinquent controls (Taylor, Iacono, McGue, 2000, p. 641). While there does appear to be evidence suggesting biological links in youth criminality (i.e., Newman, et al., 1937; Rowe, 1983; Taylor, et al., 2000; Tuvblad, Eley, Lichtenstein, 2005) there are several arguments against these theories as well. One view, for example, is that there has been little distinction between the adult and juvenile explanations in these models. Further, while various studies have shown evidence of connection to juvenile delinquency there is no absolute biological explanation of why one individual may commit crimes and another does not.

Psychological Theories

Psychological theories focus on psychological processes as the cause of criminal behavior (Hoge, 2001). In the psychological theories, delinquent behavior is assumed to be caused by an internal, underlying disturbance that most likely began in early childhood and while environmental factors may influence it is the individual with the problem (Shoemaker, 2005). Psychological theories probably comprise the broadest range of sub-theories in juvenile delinquency, including psychodynamic, psychoanalytic, personality, and intelligence perspectives. One of the subcategories in this area is the connection between IQ and delinquency. Numerous studies have been conducted examining whether juvenile delinquents have lower average IQ's as well as a disparity between performance IQ (PIQ) and verbal IQ's (VIQ; Cornell & Wilson, 1992; Culberton, Feral, & Gabby,

1989; Miller, 1988; Tarter, Hegedus, Winsten, & Alterman, 1985). In terms of the overall IQ scores, early research generally yielded scores approximately 15 to 20 points below that of the general population (Caplan, 1965). These findings led to the conclusion that a general lack of intelligence was an important contributing factor to juvenile delinquency (Shoemaker, 2005). Given these data it should be noted that norming groups for standardized intelligence tests typically do not include juvenile delinquents in their group and thus results from these measures may not be valid or accurate measures with respect to a youths abilities. A study by Cornell and Wilson (1992) examined 149 juvenile delinquents that resulted in a PIQ > VIQ of more than 12 points in 35% of the sample. On the other hand, only 5% of the population exhibited a VIQ > PIQ by more than 12 points. These figures can be compared to data presented by Sattler (2001) indicating that about 18% of the child and adolescent population would be expected to exhibit a difference of 12 or more points in either direction. A review of several studies conducted by Miller (1988) resulted in the conclusion that delinquent participants test out as less intelligent and perform worse on neuropsychological measures. Vold and Bernard (1986) point out that while a low IQ does seem to be correlated with higher rates of juvenile delinquency, the explanation as to why this is the case depends on one's view of what an IQ test actually measures. For example, a lower IQ may lead to school failure which has also been correlated with juvenile delinquency, or an individual with a low IQ may not possess the skills to evade detection from law enforcement that a higher IQ individual may have (Vold & Bernard, 1986). Thus the explanations of why low IQ's are correlated with delinquency are varied and unclear.

Two additional theories within this category are psychoanalytic and psychodynamic theories. Each assumes that individuals develop in stages and in some cases abnormalities occur which may hinder the development of their personality. This, in turn, can lead to conflicts between their desires and societal restraints eventually directing that individual into delinquency (Shoemaker, 2005). The psychoanalytic approach can be traced back to Sigmund Freud (1953) and his conceptions of the id, ego, and superego. Criminal and delinquent behaviors have been attributed to disturbances or malfunctions in the ego or superego (Vold & Bernard, 1986). Individuals that possess an overdeveloped or underdeveloped superego, depending on the theory, may feel a need to restore balance to themselves which can result in delinquent behaviors (Vold & Bernard, 1986). The major assumptions of psychodynamic theories are that (1) delinquency is a manifestation of underlying constructs of a person's psychological framework, (2) the development of one's personality is primarily from childhood, but ongoing life experiences may also influence such development, (3) a specific trait or set of traits characterize a person's general outlook on life and consequently their behavior, and (4) negative consequences are preceded by negative causes (Shoemaker, 2005).

Research evaluating personality theories has been mixed, as it is a difficult concept for one to study. There are numerous theoretical constructs that one may attribute to an individual's personality and many believe that the manifestations of such constructs are innate and unconscious, thus making each complicated to objectively study. However, one study examined 94 personality studies performed between 1950 and 1965 involving both adult and juvenile populations and found that about 80% reported statistically

different personality results between criminals and noncriminals (Waldo & Dinitz, 1967). Even the researchers interpreted these results with caution as within group differences were often greater than between group differences and many of the questions on the MMPI scale being used differentiate between the groups automatically (i.e. “I have never been in trouble with the law”; Waldo & Dinitz, 1967). Another way in which personality theory is being used in the evaluation of delinquents is by specifying certain personality characteristics. Researchers are trying to find the specific traits and related behavioral characteristics that may distinguish delinquents from non-delinquents (Shoemaker, 2005). In a more recent study, it was found that negative emotionality and weak constraint in children were two personality traits that may lead to antisocial acts as adolescents or adults (Caspi, et al., 1994). In summary, psychological theories are varied and it is difficult to measure the underlying personality concepts (Shoemaker, 2005); however, newer research focusing on specific personality traits and more homogeneous groups of delinquents (i.e. violent offenders, or substance abusers) may lend itself to more conceptually meaningful results (Quay, 1965).

Economic and Social Theories

Economic and social theories are another category of theories relating to juvenile delinquency. One of the most frequently discussed is *social disorganization theory* which was first developed in the 1930's and 1940's by Shaw and McKay (Shoemaker, 2005; Hoffman, 2002; Shaw & McKay, 1942). The key principle in this theory is that delinquency is the result of the breakdown in community control (Shoemaker, 2005; Onwudiwe, 2004; Hoffman, 2002). In other words, social factors are assumed to control

delinquency and when these become unstable, juveniles are unable to resist temptation and commit delinquent acts (Shoemaker, 2005). The landmark work associated with this theory began with Shaw and McKay's (1942) work in Chicago and revolved around the study of the number of juveniles petitioned to the juvenile court. The data were analyzed based on where the juvenile lived using concentric circles that spread from the inner city outward and the results showed that delinquency rates decreased as one moved from the inner city outward. Later work by Shaw and McKay (1969) demonstrated the same phenomenon in other major US cities resulting in data in numerous cities over a period of 30 years that showed delinquency rates declining with movement away from the inner city. In general, this societal breakdown tends to happen in urban areas due to industrialization, urbanization, and immigration and the citizens are less able to control individual behavior, thus resulting in delinquency (Shoemaker, 2005; Hoffman, 2003). On the other hand, opponents of the social disorganization theory refer to ethnic and cultural differences in which the results have not been replicated (Shoemaker, 2005).

Anomie is a theory closely linked to social disorganization theory, yet distinctly different (Shoemaker, 2005). Social disorganization theory applies to more localized institutionalized conditions, while anomie theory refers to larger, societal conditions (Shoemaker, 2005). A major assumption of this theory is that large numbers of individuals may find themselves at a disadvantage in relation to legitimate economic activities and are then motivated to engage in delinquent activities (Shoemaker, 2005). Individuals experience frustration and alienation when they are unable to attain their goals due to societal conditions and thus turn to criminal behaviors as a means to meet

their needs (Shoemaker, 2005). The concept of anomie was first attributed to Emile Durkheim (1933) in *The Division of Labor in Society*, which was originally published in 1893; however, it wasn't until his later work that anomie was specifically linked to criminal behaviors. Anomie theory was continued by the work of Robert Merton (1957) and is often referred to as a "strain theory." Merton believed that in society there is often a discrepancy between its goals and the legitimate means for achieving those goals, and it is the reactions to this discrepancy that describe the types of crime in society (Merton, 1957). While Durkheim believed that anomie was only created during times of rapid economic change and was relatively evenly distributed throughout society, Merton believed that anomie was a relatively permanent feature in American life that had a disproportionate effect on the lower class (Vold & Bernard, 1986). In a review of general strain theory, strain was explained as most likely to lead to crime when "individuals lack the skills and resources to cope with their strain in a legitimate manner, are low in conventional social support, are low in social control, blame their strain on others, and are disposed to crime" (Agnew, 2001, p.323).

Labeling Theory

Labeling theory assumes that initial acts of delinquency are caused by a wide variety of factors, which are relatively unimportant in the overall picture. It is actually the label of being a delinquent that results in the repetition of delinquency (Shoemaker, 2005). More specifically, the labels given to the individual alter the self-image such that the person begins to identify themselves as delinquent and acts accordingly (Shoemaker, 2005). Labeling theory is usually attributed to Edwin Lemert (1951) who also stressed the

importance of formal and informal labeling. Formal labels are those imposed by social control agencies, while informal labels are those generated by parents, peers, or teachers (Adams, Robertson, Gray-Ray, & Ray, 2003). A study evaluating formal and informal labels found that “as the number of negative descriptive adjectives increased, so did the youths’ self-reported involvement in delinquency” (Adams, et al., 2003, p. 182). Further, both teacher and peers secondary labeling were also found to be significant predictors of delinquency (Adams, et al., 2003). Another factor of labeling theory is the impact on the individual in regard to peer associations. Becker (1963) discussed how deviant social groups represent a form of social support in which deviant behaviors are accepted and thus a person labeled deviant is more likely to become involved in such groups in order to achieve protection from those not accepting of the behaviors (Becker, 1963). An evaluation of this premise revealed that adolescents that were involved in the juvenile justice system were substantially more likely than their peers to become members of a gang in a successive period (Bernburg, Krohn, & Rivera, 2006). Thus there is evidence that labeling theory, both informally and formally, have an impact on adolescents.

Integrative Theory

As evidenced by the review of several theories on juvenile delinquency, each has its strengths and weaknesses in regard to capturing the causes of delinquency and more specifically, addressing delinquency as opposed to criminality in general. In recent years, integrative theories of delinquency have started to emerge which “attempt to incorporate a broad range of variables that reflect forces operating at the level of the individual, their immediate social environment, and more distal factors within the larger social

environment” (Hoge, 2001, p. 58). One of the first major integrative theories was proposed by Thornberry (1987). His theory views delinquency as an interaction between social factors and the developmental process which determines one’s behavior over time (Thornberry, 1987). He believed delinquency is the result of an individual’s weakening of bonds to conventional society, such as parental attachment, school commitment, and beliefs; however prolonged and serious delinquency must also include the exposure to delinquent peers and values as it is learned behavior (Thornberry, 1987). Another integrative approach that incorporates aspects of Thornberry’s work is that of Elliott and Menard (1996), which also includes elements from control, strain and social learning theories. This theory focuses on a weak commitment to conventional society as an element from control theory in addition to the learning theory element of association with negative peers (Elliott & Menard, 1996). These factors combined with strain experienced at home, school, or work lead to conflict and potential criminal behaviors (Elliott & Menard, 1996). As with all theories, an integrative approach contains potential pitfalls, such as which factors from each theory are utilized, the generalizability to all parts of the population, and capturing all aspects of what is being studied (Shoemaker, 2005).

Special Education and Related Laws

Youths with disabilities are entitled to free and appropriate educational services within the public school system under the *Individuals with Disabilities Improvement Education Act* (IDIEA, 2004). IDEIA was first established in 1975 as Public Law 94-142 (P.L. 94-142), otherwise known as the *Education for All Handicapped Children Act*. Once implemented, P.L.94-142 resulted in numerous significant changes in the special

education system, such as the requirement that schools initiate a referral process for students with disabilities, that each child with a disability must have an individualized education plan (IEP), and that the IEP be implemented in the least restrictive environment (LRE) with non-disabled peers to the greatest extent possible (Smith, 2005). In addition, P.L. 94-142 indicated that all children must be given a comprehensive assessment prior to a determination of eligibility, and that children with disabilities and their parents must be afforded due process rights (Smith, 2005). This law was revised in 1990 and 1997, with the most recent change being in 2004. Some of the notable changes in the 2004 revision included a specification relating to the *No Child Left Behind Act* (NCLB; 2001) requiring special education teachers meet the “highly qualified” definition, changes in the IEP process including flexibility of attendance, deletion of short-term goals, and a pilot of multi-year IEP’s, modification of the suspension and expulsion guidelines, and a change in eligibility criteria for specific learning disabilities (Smith, 2005).

There are 13 categories in IDEIA under which a child may be determined to have a disability. These are autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, and other health impairment. According to the United States Department of Education, Office of Special Education Programs (OSEP; 2005), 11.53% of the general school population received special education services during the 2001-2002 school year. Within the 13 categories, specific learning disability is the largest group, with almost 50% of the special education population in this category. The second highest category is

speech language with 18.64%, followed by mental retardation with 10.32% and emotional disturbance with 8.14% (U.S. Department of Education, 2005). As a percentage of the general school population in 2001-2002, 5.68% were diagnosed with a specific learning disability, while 2.35% were diagnosed with a speech/language disability, mental retardation 1.11%, and emotional disturbance 0.93% (US Department of Education, 2005).

Prevalence and Incidence Data on Special Education in the Juvenile Justice System

While there have been several studies published on the prevalence and incidence rates of juveniles with disabilities in the US juvenile justice system, these estimates vary considerably across studies (Morris & Morris, 2006). Some of the factors accounting for this variability include differences amongst research studies in how “disability” is defined and measured, problematic screening and assessment procedures within and between US public school districts and the US juvenile justice system, and issues associated with the transfer of a child’s complete school records (including psychological reports) to the juvenile court and/or juvenile correctional facilities (Morris & Morris, 2006; Rutherford, Bullis, Anderson, & Griller-Clark, 2002). In addition, in many cases, it is difficult to compare different studies because the prevalence and incidence rates reported do not always take into consideration whether the juveniles being studied were incarcerated, non-incarcerated, or in a combined group of both incarcerated and non-incarcerated youth.

In general, however, the literature suggests that the number of youths within the US juvenile justice system who have been diagnosed as having a “disability” ranges from

30% to 60% of the entire delinquency population (e.g., Baltodano, Harris, & Rutherford, 2005; Bullis & Yovanoff, 2005; Morgan, 1979; Morris & Morris, 2006; Murphy, 1986; Quinn, Rutherford, Leone, Osher, & Poirier, 2005; Rutherford, Nelson, & Wolford, 1985). For example, Rutherford et al. (1985) estimated that 28% of those juveniles who were incarcerated in US state correctional institutions had a handicapping condition. The data for this study were based on the number of youths having a PL 94-142 federally mandated Individualized Education Program (IEP), with these data being provided by state directors of correctional education. The estimate by Rutherford et al. (1985) is lower than that reported by Morgan (1979) who studied 204 juvenile offender cases in US state correctional institutions using P.L. 94-142 criteria. Morgan (1979) found approximately 42% of juvenile offenders had some type of handicapping condition, and that three states had 100% of their incarcerated juveniles who had a disability. McGarvey & Waite (2000) reported that more than 40% of juveniles met special education criteria within the Virginia Department of Juvenile Justice. Moreover, a recent national survey in the US of the 51 heads of state departments of juvenile corrections or combined juvenile and adult corrections systems found that the average prevalence rate of youth with disabilities was 33.4% (Quinn et al., 2005). Bullis and Yovanoff (2005) reported over half of their sample (i.e., 57.7%) had a special education disability. These percentage values are appreciably higher than the 11.53% prevalence value (approximately 5.5 million students) reported in the US public school population in 2001-2002 for those children classified under IDEA as having a disability (U.S. Department of Education; 2005).

Three specific disability categories which have been discussed in at least some detail in the juvenile delinquency literature in the US *vis-à-vis* prevalence and incidence rates are learning disability, emotional disorder, and mental retardation (Robinson & Rapport, 1999). For example, Casey and Keilitz (1990) conducted a meta-analysis and reported a weighted prevalence estimate of 35.6% of juveniles who had contact with the US juvenile justice system having a specific learning disability. Podboy and Mallory (1978), however, found that nearly half of those juveniles in a detention facility had a learning disability. On the other hand, a recent study by Bullis and Yovanoff (2005) found 22.4% of their sample had a learning disability. In another study by the Comptroller General of the U.S. (1978) it was found that only one of the 129 youths who were incarcerated in Virginia and Connecticut was functioning at the grade level corresponding to their age; all others ranged from slow learners to varying levels of learning problems. One of the major problems with these studies, as well as those discussed below, is that researchers are not utilizing an agreed-upon set of criteria to define “learning disability”—such as those criteria listed under P.L. 94-142, IDEA or IDEIA. In addition, researchers are not partialling-out such variables as age, gender, ethnicity and/or number of repeat offenses (Morris & Morris, 2006). These issues notwithstanding, it does appear that the percentage values within the US juvenile delinquency population are appreciably higher than the estimated 5.68% of those US public school students in 2001-2002 who were diagnosed under IDEA as having a learning disability (U.S. Department of Education, 2005).

In regard to emotional and/or behavior disorders, Bullock and McArthur (1994) used the definitional criteria from P.L. 94-142 and reported that prevalence values for juveniles residing in state correctional facilities across the US ranged from 0% to 48%, with the average national prevalence values being 10% of all incarcerated juvenile delinquents. Morgan (1979), on the other hand, reported that 16.23% of incarcerated juveniles were diagnosed as having an emotional or behavior disorder. In more recent research, Quinn et al. (2005) found that 47.7% of those delinquents having a disability were classified as having an “emotional disturbance”, while Bullis and Yovanoff (2005) found 29.9% of their disabled sample had an emotional disturbance. These latter percentages are appreciably higher than the 0.93% prevalence value reported for all US public school children who were diagnosed as having an emotional disturbance under IDEA during the 2001-2002 school year (U.S. Department of Education, 2005).

With respect to mental retardation, Bullock & McArthur (1994) reported a prevalence rate of 2% in US juvenile detention centers, while Morgan (1979) reported that 9.53% of the incarcerated juveniles in their study were classified as having mental retardation. In addition, a meta-analysis by Casey and Keilitz (1990) found that the overall weighted prevalence estimate for juvenile offenders with mental retardation in the US was 12.6%. As in the case of juveniles having a learning disability or an emotional disability these prevalence values are appreciably higher than those reported for students attending US public schools — with 1.11% being reported in the 2001-2002 school year based on the IDEA criteria of mental retardation (U.S. Department of Education, 2005).

When one compares the 2001-2002 school year disability prevalence estimates in the US with those reported above for incarcerated and non-incarcerated juvenile delinquents, it suggests that there is a large and disproportional difference in disability percentage values between juvenile delinquent and non-juvenile delinquent school-age children and adolescents (Morris & Morris, 2006). These differences in prevalence values have led Rutherford, Griller-Clark, and Anderson (2001) to conclude that “although the existence of learning disabilities, mental retardation, or emotional disturbance does not predispose an individual to delinquency, the relationship between disabilities and delinquency is apparent” (p. 229).

With respect to special education services, Rutherford et al. (1985) estimated that 23% of all incarcerated youths in the US received such services. A similar figure, approximately 24%, is garnered from data collected by the US Department of Education (2005). Studies have even suggested that the actual percentage of incarcerated juveniles having a disability is appreciably higher. In support of this hypothesis are the results of a case study of a particular state’s Department of Juvenile Services. Specifically, Leone (1994) reported that in this state there were undue delays in providing services to eligible special education children, there was no system of referral for these children not previously identified as eligible for services, and there was no effective mechanism for retrieval of a juvenile’s prior school records. Further, a national survey by Quinn, Rutherford, and Leone (2001) found that only 29% of juveniles in adult US correctional facilities were receiving educational services. Moreover, Eggleston (1996) has noted that

“Limited attention exists despite the fact that IDEA is intended for students under the age of 22, and there are many inmates in adult correctional facilities under this age” (p. 201).

CHAPTER 3

METHOD

Participants

Case records from the Arizona Department of Juvenile Corrections (“Incarcerated Group”) and the Pima County Juvenile Detention Center (“Detained Group”) were randomly selected for the present study. Specifically, of the 14,279 records on file for the Incarcerated Group, 200 were randomly chosen by the Arizona Department of Juvenile Corrections (ADJC) of youths that entered the correctional system between December 2006 and July 2007. Of these 200 files, 100 included those youths who received or were receiving special education services (“Special Education”) and 100 who were not receiving or who had no records of receiving special education services (“Non Special Education”). The records provided from ADJC were of youths incarcerated in any one of the three facilities across the state of Arizona. With respect to the Detained Group, of the 1,350 records on file at the Pima County Juvenile Court Center’s (PCJCC) Court Alternative Program of Education (CAPE School), 198 records were provided of youths whose first offense, and thus the date they entered the PCJCC system, was between November 1993 and January 2007. These records included 99 youths in special education and 99 youths not receiving special education services. The date of entry into the respective agencies spanned a much greater time period for the detained youths due to the fact that the youths are often only held for a short period of time and thus the agency does not always receive complete educational records. In order to achieve the necessary sample size for this study, a larger time span was required from the PCJCC database. All

records were randomly chosen by the respective agency with no input regarding selection criteria from the researcher other than the separation of the special education and non-special education categorization.

Independent Variables

Data collected for the statistical analyses include ethnicity, age of first offense, total number of referrals, classification of most serious offense, special education status, and special education category placement (if applicable). No identifying information was provided in the data set when the data were provided to the researcher. The level of most serious offense includes felonies ranging from F1 to F6 and misdemeanors from M1 to M3. Lower numbers are considered more serious. For example, F2 felonies include kidnapping, burglary of residential structure, and armed robbery and F5 felonies include sexual abuse of victim over the age of 15, riot, and voyeurism. In terms of special education category placement, only the primary diagnostic category was used. Prior to data collection, no tests were planned on special education youths with the classification of Other Health Impairment (OHI). After reviewing frequency data, it was found that there were a total of 11 cases of OHI within the data sample and thus not a high enough *N* to include any analyses of OHI youths specifically. One individual record indicated special education placement, but data were not available regarding which category they were receiving services under (i.e. Learning Disabled, Emotional Disturbance, etc.) and thus they were not included within the data examining specific categories. Information was not available on the actual offense committed, only the category into which it belonged

Procedure

Consent for data collection was granted by the participating agencies, the Pima County Juvenile Court Center and the Arizona Department of Juvenile Corrections (See Appendix B). All data were randomly selected and compiled by each participating agency and provided in Excel format. No identifying information was included in either data set. The data were then converted for use into the SPSS 16.0 format for further statistical analyses.

Statistical Analyses

Chi Square analyses were used to determine if there were associations between the various categories. The null hypotheses were tested at the $p < 0.05$ alpha level of significance. Prior to data collection, analyses were planned on speech/language impaired youths (SLI) as well as mentally retarded youths (MR), however there were only eight cases of MR within the data sample and there were no youths with SLI as their primary special education placement, thus no analyses were conducted on these special education categories.

CHAPTER 4

RESULTS

Demographics of Sample

Over half of all youths in the data set were of Hispanic origin. The other ethnic categories were Caucasian, African American, Native American, Asian and Other. There was only one Asian youth and two youths labeled as Other within the data set. Both the ADJC and PCJCC samples were comprised of over 50% Hispanic youths. The second greatest category was Caucasian, followed by African American and Native American. The non-special education sample had a slightly higher percentage of Hispanic youths with 55.8% and the special education youths had a lower percentage of Hispanic youths with 46.5%. See Table 1 for the breakdown of ethnic percentages within groups.

The age of first offense ranged from age six ($N=2$; both ADJC special education youth) to age 17 ($N=3$). The mean age of first offense for all youths in the data set was 12.04 years old with a median of 12 and a mode of 13 ($SD=2.1$; See Table 2). It should be noted that these are approximate averages as the exact ages of the youth were not reported. Only the chronological age in years, not months was reported. As can be seen in Table 3, youths are committing their first offense before the age of 13 about 55% of the time. The data show that in emotionally disturbed youths, however, the age of first offense prior to age 13 is occurring approximately 74% of the time.

Table 1. Frequency and Percentage Data of Ethnic Categories

Youths	Ethnicity											
	Hispanic		Caucasian		African American		Native American		Asian		Other	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
All Youth (<i>N</i> =398)	204	51.3	113	28.4	53	13.3	25	6.3	1	0.3	2	0.5
Incarcerated Youth (<i>N</i> =200)	105	52.5	60	30.0	25	12.5	8	4.0	1	0.5	1	0.5
Detained Youth (<i>N</i> =198)	99	50.0	53	26.8	28	14.1	17	8.6	0	0.0	1	0.5
Special Education Youth (<i>N</i> =199)	93	46.7	65	32.7	32	16.1	8	4.0	0	0.0	1	0.5
Learning Disabled Youth (<i>N</i> =102)	57	55.9	28	27.5	11	10.8	5	4.9	0	0	1	1.0
Emotionally Disabled Youth (<i>N</i> =77)	25	32.5	30	39.0	19	24.7	3	3.9	0	0	0	0
Non Special Education Youth (<i>N</i> =199)	111	55.8	48	24.1	21	10.6	17	8.5	1	0.5	1	0.5

Table 2. Average Age of First Offense

Youths	Average
All Youth	12.04
Incarcerated Youth	12.23
Incarcerated SPED	11.89
Incarcerated Non-SPED	12.56
Detained Youth	11.86
Detained SPED	11.73
Detained Non-SPED	11.99
Special Education Youth	11.81
Learning Disabled Youth	12.40
Emotionally Disabled Youth	10.97
Non Special Education Youth	12.28

Table 3. Frequency and Percentage Data for Age of First Offense

Youths	Age of First Offense			
	6-12		13-17	
	Freq.	%	Freq.	%
All Youth (<i>N</i> =398)	220	55.3	178	44.7
Incarcerated Youth (<i>N</i> =200)	102	51.0	98	49.0
Detained Youth (<i>N</i> =198)	118	59.6	80	40.4
Special Education Youth (<i>N</i> =199)	119	59.8	80	40.2
Learning Disabled Youth (<i>N</i> =102)	51	50.0	51	50.0
Emotionally Disabled Youth (<i>N</i> =77)	57	74.0	20	26.0
Non Special Education Youth (<i>N</i> =199)	101	50.8	98	49.2

The number of referrals within the data set ranged from one to 54. The mean for all youths was 10.45 referrals (*SD*=6.3; See Table 4). ADJC youths averaged 9.52 referrals (*SD*=5.4), while PCJCC youths averaged 11.39 referrals (*SD*=7.0). Only four youths out of the total 397 cases had one referral, while 198 youths had 10 or more referrals. See Table 5 for the frequency and percentage data for number of referrals.

Table 4. Average Number of Referrals

Youth	Average
All Youth	10.45
Incarcerated Youth	9.76
Detained Youth	11.14
Special Education Youth	11.15
Learning Disabled Youth	10.38
Emotionally Disabled Youth	12.91
Non Special Education Youth	9.74

Table 5. Frequency and Percentage Data of Number of Referrals

Youths	Number of Referrals							
	1		2-5		6-9		10 & Up	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
All Youth ($N=398$)	4	1.0	79	19.8	117	29.4	198	49.7
Incarcerated Youth ($N=200$)	2	1.0	38	19.0	79	39.5	81	40.5
Detained Youth ($N=198$)	2	1.0	41	20.7	38	19.2	117	59.1
Special Education Youth ($N=199$)	2	1.0	34	17.1	45	22.6	118	59.3
Learning Disabled Youth ($N=102$)	0	0.0	21	20.6	24	23.5	57	55.9
Emotionally Disabled Youth ($N=77$)	1	1.3	10	13.0	14	18.2	52	67.5
Non Special Education Youth ($N=199$)	2	1.0	45	22.6	72	36.2	80	40.2

In order to examine the type of offenses committed by these youths, data were provided on the level of their most serious offense. The levels of offenses are comprised of nine categories as defined by the legal system. There are three levels of misdemeanor offenses (M1, M2, and M3) and six levels of felony offenses (F1, F2 ...F6). The lower numbered categories are the more serious offenses. For example, an F3 felony is a more serious classification than an F6 felony. The F1 classification includes first-degree murder and no youths within the given sample had committed an F1 felony. Thus the most serious offenses committed by youths in this sample were F2 felonies and 34 youths fit this criterion. The most frequent offense level was F6 with approximately 34% of the youths in this category. The F6 level was also the most frequent level of most serious offense for incarcerated youths, detained youths, all special education youths and all non-special education youths (See Table 6). Only 16.1% of the data ($N=64$) had committed a misdemeanor as their most serious offense and of these approximately 83% of the misdemeanors were the M1 classification.

Table 6. Frequency and Percentage of Level of Most Serious Offense

Youths	Level of Most Serious Offense											
	F2		F3		F4		F5		F6		M ^a	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
All Youth (<u>N</u> =398)	34	8.5	70	17.6	60	15.1	36	9.0	134	33.7	64	16.1
Incarcerated Youth (<u>N</u> =200)	10	5.0	28	14.0	25	12.5	15	7.5	73	36.5	49	24.5
Detained Youth (<u>N</u> =198)	24	12.1	42	21.2	35	17.7	21	10.6	61	30.8	15	7.6
Special Education Youth (<u>N</u> =199)	21	10.6	36	18.1	25	12.6	13	6.5	71	35.7	33	16.6
Learning Disabled Youth (<u>N</u> =102)	11	10.8	22	21.6	11	10.8	8	7.8	33	32.4	17	16.7
Emotionally Disabled Youth (<u>N</u> =77)	4	5.2	13	16.9	12	15.6	3	3.9	32	41.6	13	16.9
Non Special Education Youth (<u>N</u> =199)	13	6.5	34	17.1	35	17.6	23	11.6	63	31.7	31	15.6

Note: There were no F1 offenses in the data set

^a – Includes all Misdemeanor offenses

Out of the 13 possible IDEIA special education categories, only four were represented as a primary placement for the youths in the sample: specific learning disability (SLD), emotional disability (ED), mental retardation (MR), and other health impairment (OHI, See Table 7). There was one youth listed as receiving special education services, but the placement category was unknown. Over 50% of the entire sample as well as the incarcerated and detained groups had a primary diagnosis of specific learning disability. The second most frequent placement category was emotional disability with close to 40% of the sample having this as their primary placement. Only eight of the 199 special education youths, or 4% of the sample, had mental retardation as their primary placement. The other primary placement represented was other health impairment with 5.5% of the youths in this category.

Ethnicity

Table 8 presents the data for the chi-square analyses conducted on the ethnicity data. The data on Asian and Other ethnicities were not included in the chi-square analyses due to low cell counts. There was no significant association found between incarcerated and detained youths on the observed frequency of the ethnicity of the youths, $\chi^2(3, n = 395) = 4.017, p > 0.05$. There was also no significant association found between special education incarcerated and special education detained youths on the observed frequencies of ethnicity, $\chi^2(3, n = 198) = 2.134, p > 0.05$, non-special education incarcerated and non-special education detained youths on the observed frequencies of ethnicity, $\chi^2(3, n = 197) = 7.353, p > 0.05$, learning disabled incarcerated and learning disabled detained youths on the observed frequencies of ethnicity, $\chi^2(3, n =$

Table 7. Frequency and Percentage of Youths Special Education Placement

Youths	Special Education Category									
	Specific Learning Disability (SLD)		Emotional Disability (ED)		Mental Retardation (MR)		Other Health Impairment (OHI)		Unknown	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
All Youths (<i>N</i> =199)	102	51.3	77	38.7	8	4.0	11	5.5	1	0.5
Incarcerated (<i>N</i> =100)	52	52.0	38	38.0	3	3.0	6	6.0	1	1.0
Detained (<i>N</i> =99)	50	50.5	39	39.4	5	5.1	5	5.1	0	0.0

Table 8. Chi-Square Analyses of Ethnicity

Youths	Ethnicity				Total	<i>p</i>
	Hispanic	Caucasian	African American	Native American		
All Youths						0.260
Incarcerated	105	60	25	8	198	
Detained	99	53	28	17	197	
Special Education Youth						0.545
Incarcerated	51	31	13	4	99	
Detained	42	34	19	4	99	
Non-Special Education Youth						0.061
Incarcerated	54	29	12	4	99	
Detained	57	19	9	13	98	
LD Youth						0.088
Incarcerated	30	15	2	4	51	
Detained	27	13	9	1	50	
ED Youth						0.129
Incarcerated	15	12	11	0	38	
Detained	10	18	8	3	39	
All Youths						0.022
Non-Special Education	111	48	21	17	197	
Special Education	93	65	32	8	198	
Incarcerated Youths						0.979
Non-Special Education	54	29	12	4	99	
Special Education	51	31	13	4	99	
Detained Youths						0.002
Non-Special Education	57	19	9	13	98	
Special Education	42	34	19	4	99	

101) = 6.546, $p > 0.05$, or emotionally disturbed incarcerated and emotionally disturbed detained youths on the observed frequencies of ethnicity, $\chi^2(3, n = 77) = 5.662, p > 0.05$. A significant association was found between the special education and non-special education status on the observed frequency of the ethnicity of the youths, $\chi^2(3, n = 395) = 9.666, p < 0.05$, with more Hispanics and Native Americans in the non-special education sample and more Caucasians and African Americans in the special education sample. A closer examination, however, of the special education and non-special education youths in terms of their placement revealed that there was no significant association between the incarcerated youths on the observed frequency of ethnicity, $\chi^2(3, n = 198) = .192, p > 0.05$, but there was a significant association between the special education status in the sample of detained youths on the observed frequencies of ethnicity, $\chi^2(3, n = 197) = 14.849, p < 0.05$, with more Hispanics and Native Americans in the non-special education detained sample and more Caucasians and African Americans in the special education detained sample.

Age of First Offense

In order to examine age of first offense data using chi-square analyses, the data were converted into the following categories: 6-12 years old (early onset), and 13-17 years old (late onset). There was no significant association between the incarcerated and detained youths on the observed frequencies of age of first offense, $\chi^2(1, n = 398) = 2.974, p > 0.05$ (See Table 9). There was no significant association found between the special education incarcerated and special education detained youths on the observed frequencies of age of first offense, $\chi^2(1, n = 199) = .053, p > 0.05$. On the other hand,

Table 9. Chi-Square Analyses of Age of First Offense

Youths	Age of First Offense			<i>p</i>
	6-12	13-17	Total	
All Youths				.085
Incarcerated	102	98	200	
Detained	118	80	198	
Special Education Youth				.817
Incarcerated	59	41	100	
Detained	60	39	99	
Non-Special Education Youth				.028
Incarcerated	43	57	100	
Detained	58	41	99	
LD Youth				.428
Incarcerated	28	24	52	
Detained	23	27	50	
ED Youth				.557
Incarcerated	27	11	38	
Detained	30	9	39	
All Youths				.070
Non-Special Education	101	98	199	
Special Education	119	80	199	
Incarcerated Youths				.024
Non-Special Education	43	57	100	
Special Education	59	41	100	
Detained Youths				.772
Non-Special Education	58	41	99	
Special Education	60	39	99	

there was a significant association between the non-special education incarcerated and non-special education detained youths on the observed frequency of age of first offense, $\chi^2(1, n = 199) = 4.835, p < 0.05$, with the detained youths committing their first offense more frequently before the age of 13 than the incarcerated youths. In terms of specific disabilities, there was no significant association found between the learning disabled incarcerated and learning disabled detained youths on the observed frequency of age of first offense, $\chi^2(1, n = 102) = .628, p > 0.05$, or the emotionally disturbed incarcerated and emotionally disturbed detained youths on the observed frequency of age of first offense, $\chi^2(1, n = 77) = .345, p > 0.05$. In addition, there was no significant association

found between the special education youths versus non-special education youths on the observed frequencies of age of first offense, $\chi^2(1, n = 398) = 3.293, p > 0.05$. When evaluated further it was found that there was a significant association between incarcerated special education youths and incarcerated non-special education youths on the observed frequencies of age of first offense, $\chi^2(1, n = 200) = 5.122, p > 0.05$, with the special education youths committing their first offense more frequently before the age of 13 than the non-special education youths. In addition, no significance was found between the detained special education and detained non-special education youths on the observed frequencies of age of first offense, $\chi^2(1, n = 198) = .084, p > 0.05$.

Number of Referrals

The numbers of referrals were classified into the following categories for further analysis: one referral, 2-5 referrals, 6-9 referrals, and 10 or more referrals. Due to the fact that only four youths had only one total referral they were not included in the analyses. The results are displayed in Table 10. The results showed there was a significant association between the incarcerated and detained youths on the observed frequencies of referrals, $\chi^2(2, n = 394) = 21.017, p < 0.05$. A significant association was also found between the incarcerated and detained special education youths on the observed frequencies of referrals, $\chi^2(2, n = 197) = 10.229, p < 0.05$, as well as between the incarcerated and detained non-special education youths on the observed frequencies of referrals, $\chi^2(2, n = 197) = 15.273, p < 0.05$, with detained youths having more than 10

Table 10. Chi-Square Analyses of Number of Referrals

Youths	Number of Referrals			Total	<i>p</i>
	2-5	6-9	10 & Up		
All Youths					0.000
Incarcerated	38	79	81	198	
Detained	41	38	117	196	
Special Education Youth					0.006
Incarcerated	21	30	49	100	
Detained	13	15	69	97	
Non-Special Education Youth					0.000
Incarcerated	17	49	32	98	
Detained	28	23	48	99	
LD Youth					0.378
Incarcerated	11	15	26	52	
Detained	10	9	31	50	
ED Youth					0.003
Incarcerated	8	11	19	38	
Detained	2	3	33	38	
All Youths					0.001
Non-Special Education	45	72	80	197	
Special Education	34	45	118	197	
Incarcerated Youths					0.014
Non-Special Education	17	49	32	98	
Special Education	21	30	49	100	
Detained Youths					0.004
Non-Special Education	28	23	48	99	
Special Education	13	15	69	97	

referrals more frequently than incarcerated youths. There was no significant association between the learning disabled incarcerated and learning disabled detained youths on the observed frequencies of number of referrals, $\chi^2(2, n = 102) = 1.948, p > 0.05$, but the data on emotionally disturbed youths did indicate a significant association between the emotionally disturbed incarcerated and emotionally disturbed detained youths on the frequencies of number of referrals, $\chi^2(2, n = 76) = 11.941, p < 0.05$, with emotionally

disturbed detained youths having the highest frequency of 10 or more referrals. Chi-square analyses revealed that there was a significant association between the special education and non-special education youths on the observed frequencies of the total number of referrals. The significant association was found when examining the entire data sample, $\chi^2(2, n = 394) = 15.055, p < 0.05$, as well as in the incarcerated youths, $\chi^2(2, n = 198) = 8.539, p < 0.05$, and detained youths, $\chi^2(2, n = 196) = 10.922, p < 0.05$, with special education youths committing 10 or more referrals more frequently in each case.

Level of Most Serious Offense

There were three significant tests when examining the level of most serious offense. Individual referrals were not examined; only the youths' level of most serious offense throughout their criminal history was examined. Due to the lack of severity of all misdemeanors and in order to reduce small cell counts, the misdemeanors were collapsed into one level as opposed to three for the chi-square analyses. As can be seen in Table 11, the first test showed that there was a significant association between the incarcerated and detained youths on the observed frequencies of level of most serious offense, $\chi^2(5, n = 398) = 30.359, p < 0.05$, with detained youths committing more F2-F5 offenses and incarcerated youths committing more F6 felonies and misdemeanors. In addition, there was a significant association between the incarcerated and detained special education youths on the observed frequencies of level of most serious offense, $\chi^2(5, n = 199) = 22.950, p < 0.05$, with special education detained youths committing more F2-F5 offenses and special education incarcerated youths committing more F6 felonies and

Table 11. Chi-Square Analyses of Most Serious Offense

Youths	Level of Most Serious Offense						Total	<i>p</i>
	F2	F3	F4	F5	F6	M ^a		
All Youths								0.000
Incarcerated	10	28	25	15	73	49	200	
Detained	24	42	35	21	61	15	198	
Special Education Youth								0.000
Incarcerated	4	14	10	4	45	23	100	
Detained	17	22	15	9	26	10	99	
Non-Special Education Youth								0.005
Incarcerated	6	14	15	11	28	26	100	
Detained	7	20	20	12	35	5	99	
LD Youth								0.077
Incarcerated	2	9	6	3	22	10	52	
Detained	9	13	5	5	11	7	50	
ED Youth								0.016
Incarcerated	1	4	4	0	18	11	38	
Detained	3	9	8	3	14	2	39	
All Youths								0.226
Non-Special Education	13	34	35	23	63	31	199	
Special Education	21	36	25	13	71	33	199	
Incarcerated Youths								0.117
Non-Special Education	6	14	15	11	28	26	100	
Special Education	4	14	10	4	45	23	100	
Detained Youths								0.136
Non-Special Education	7	20	20	12	35	5	99	
Special Education	17	22	15	9	26	10	99	

M^a - Includes all Misdemeanor Offenses

misdemeanors. The test examining non-special education incarcerated and non-special education detained youths, resulted in a $\chi^2(5, n = 199) = 16.892, p < 0.05$, indicating a significant association between incarcerated non-special education youths and detained non-special education youths on the observed frequencies of the levels of most serious offense, with non-special education detained youths committing more F2-F6 offenses and non-special education incarcerated youths committing more misdemeanors. There was no significant association between the incarcerated learning disabled youths and detained learning disabled youths on the observed frequencies of level of most serious offense, $\chi^2(5, n = 102) = 9.933, p > 0.05$. The results were significant for emotionally disturbed youths, $\chi^2(5, n = 77) = 13.977, p < 0.05$, which means there was a significant association between the emotionally disturbed incarcerated youths and emotionally disturbed detained youths on the observed frequencies of levels of most serious offense, with detained youths committing more F2-F5 offenses and incarcerated youths committing more F6 felonies and misdemeanors. On the other hand, no significant associations were found between special education and non-special education youths on the observed frequencies of the levels of most serious offense. Moreover, the results revealed no significant associations between special education and non-special education youths on the observed frequencies of level of most serious offense within the entire data set, $\chi^2(5, n = 398) = 6.924, p > 0.05$, as well as in the incarcerated, $\chi^2(5, n = 200) = 8.809, p > 0.05$, and detained samples, $\chi^2(5, n = 198) = 8.399, p > 0.05$.

CHAPTER 5

DISCUSSION

The purpose of the present study was to compare the criminal histories of juveniles who were incarcerated versus detained within the juvenile justice system. Specifically this study compared youths with and without a special education diagnosis that were either detained or incarcerated on specific criminal history variables. In particular, the variables that were examined in relation to “detained” versus “incarcerated” status and special education status were: ethnicity, number of referrals in criminal record, level of most serious offense, and age at first offense. It was hypothesized that there would be no significant associations between the incarcerated and detained youths on the observed frequencies of each of these variables as well as no association between special education and non special education youths on each variable.

In terms of ethnicity the null hypothesis was not rejected in all cases when examining incarcerated versus detained youths. Specifically, there were no significant associations found between incarcerated versus detained youths, incarcerated versus detained special education youths, incarcerated versus detained non-special education youths, incarcerated versus detained learning disabled youths, or incarcerated versus detained emotionally disturbed youths on the observed frequencies of ethnicity of the youths. However, there was a significant association between the special education and non-special education youths on the observed frequencies of ethnicity which resulted in the rejection of the null hypothesis. The null hypothesis was also rejected when a significant association was found between the special education and non-special

education youths on the observed frequencies of ethnicity. More specifically, a significant association was found between detained special education versus detained non-special education youths on the observed frequencies of ethnicity, but no significant association was found between incarcerated special education and incarcerated non-special education youths on the observed frequencies of ethnicity. Due to the significant association demonstrated in the detained group and almost no association in the incarcerated group, the analysis indicating an association between all special education youths and all non-special education youths in the sample on the observed frequencies of ethnicity may be biased and not indicative of a true association in the entire population. An examination of the frequency data for detained youths revealed that there were more non-special education Hispanics and Native Americans in comparison to more Caucasians and African Americans who were in special education. The frequency data for the incarcerated youths, however, revealed almost identical frequencies for each ethnic category. These results indicate that there does not seem to be any evidence of disproportionate representation of ethnicity when examining incarcerated and detained youths as has been evidenced in the literature. However, there is evidence that within the detention population there are more Caucasians and African Americans receiving special education services. One explanation may be that these youths have been overidentified as requiring special education services by their home school district; however, the same pattern of overidentification is not evidenced in the incarcerated population which would be expected.

The age of first offense was evaluated in terms of early and late onset offenders. A significant association was found between incarcerated and detained non-special education youths on the observed frequencies of age of first offense, thus the null hypothesis was rejected. A review of the frequency data revealed that detained youths committed more offenses before the age of 13 than the incarcerated youths. In regard to the special education youths, however, the frequency data revealed almost identical frequencies for the incarcerated and detained youths and thus no significant association was found. In comparing special education versus non-special education youths a significant association was found in the incarcerated sample with special education youths exhibiting more early onset offending, whereas the non-special education incarcerated youths were represented as late onset offenders. This same pattern was not evident in the detained group. These results suggest that the special education youths in detention may be at higher risk to become more serious and chronic offenders. This suggestion also appears to be supported by other research (Jones, et al., 2001; Katsiyannis, et al., 2004; Piquero & Chung, 2001).

In the examination of total number of referrals a significant association was found between incarcerated and detained youths on the observed frequencies of number of referrals. This association was also evident between the incarcerated versus detained special education youths, incarcerated versus detained non-special education youths and incarcerated versus detained emotionally disturbed youths on the observed frequencies of number of referrals. A review of the frequency data revealed that there were more detained youths with 10 or more referrals than incarcerated youths in each of the tests

run. One possible explanation is that an individual may have had more than 10 referrals, but that the majority of them were petty offenses, while another individual may have only a couple of referrals, but the crimes were more serious in nature, such as person offenses. Further, as evidenced in the literature, youths having more extensive prior records are more likely to be detained (e.g., Bishop & Frazier, 1996; Rodriguez, 2007) which accounts for youths in the detention sample having a higher frequency of ten or more referrals. The analyses of special education and non-special education youths revealed additional significant associations. Specifically, the data analyses indicated that there were significant associations between the special education and non-special education youths, as well between the incarcerated special education versus incarcerated non-special education youths, and the detained special education versus detained non-special education youths on the observed frequencies of number of referrals. The frequency rates were again reviewed and in both the detained and incarcerated groups the special education youths committed more referrals in the 10 or more range, while the non-special education youths committed more referrals in the six to nine referrals category. These results may indicate that special education youths tend to commit more offenses as has also been suggested in the research literature (e.g., Archwamety & Katsiyannis, 2000); however, many factors may be involved and causality cannot be determined from this study.

When examining the level of most serious offense, there was a significant association found between incarcerated and detained youths on the observed frequencies. In addition, a significant association was found between the special education

incarcerated versus special education detained youths as well as between the non-special education incarcerated versus non-special education detained youths on the observed frequencies of level of most serious offense. Further, a significant association was found between the emotionally disturbed incarcerated and emotionally disturbed detained youths on observed frequencies level of most serious offense. It should be noted that when reviewing the frequency data, the detained youths demonstrated more F2 felonies (e.g., kidnapping, burglary of residential structure, armed robbery) through F5 felonies (e.g., sexual abuse of victim over the age of 15, riot, voyeurism) as their level of most serious offense than did the incarcerated youths in the special education groups, non-special education groups, and emotionally disturbed groups. Further, the incarcerated youths exhibited more misdemeanor offenses than did the detained youths in each of these areas. This is counter-intuitive to the expected data that incarcerated youths would be committing more serious crimes as they would typically be viewed as a greater risk to the community. This information may be misleading, however, due to the fact that information on specific offenses was not available in the data set. For example, although the detained youths were observed committing more felonies, it is not evident what types of crimes were committed, such as a person offense (assault, rape, etc.) versus a property offense (criminal damage, theft, etc.) Therefore, the detained youths may be committing more felonies, but less severe in terms of whether it was property crime or person offense. The evaluation of special education versus non-special education youths found no significant associations in the level of most serious offense. The results indicate that special education youths are committing similar offenses to non-special education youths

in terms of severity; however, because data were not available on the actual offense committed, it is not possible to determine whether there is a relationship between the actual crimes committed, only the level of the offense.

The findings of the current study contribute to the literature on incarcerated versus detained special education and non special education youths within the juvenile justice system. Although causality was not evaluated in this study, the results have important implications for the juvenile justice system. First, the results indicate that special education youths are committing crimes at an earlier age than their non special education peers. There is also evidence that suggests that special education youths have more referrals than their non special education peers. These findings reinforce the need for prevention programs, specifically programs directed at special education youths, due to their early age of first offense and eventual recidivism rates. Second, in terms of detained versus incarcerated youths, detained youths tend to have more referrals than incarcerated youths and are also committing more serious offenses in regard to the level of felony charged. These findings suggest the need for further examination of the types of crime committed by youths, since those that are committing more serious crimes are presumed to be a risk to the community. Further, it may be assumed that additional rehabilitation programs are needed for those youths committing more serious offenses. These programs may reduce the likelihood of reoffending once the juveniles are permitted to return to the community.

Limitations of the Study

The present study had several methodological limitations. First, it was assumed that youths not receiving special education services while incarcerated or in detention were, in fact, not eligible for special education. It is possible that the agency responsible for the youths had not received full educational records and therefore did not accurately classify some of the youths in the sample. Similarly, even if complete records were available for all youths, it is possible that a particular youth not receiving special education services may have qualified for such services if given a full psychoeducational evaluation.

Second, although the data clearly indicated an association in the level of most serious offense between incarcerated and detained non-special education youths, special education youths, and emotionally disturbed youths, specific information on actual crimes committed was not available for analysis. Only the level of offense (type of felony or misdemeanor, F1...M3) was provided in the data set which prohibited the evaluation of potential differences in type of crime committed, such as person, property, or status offenses. This is especially relevant due to the fact that the detained youths in this sample were observed committing more felonies than the incarcerated youths.

A third limitation of the study is that the findings may have limited generalizability to other states across the nation. Therefore, it is not possible to state with any certainty that the findings in the current study are representative of other incarcerated versus detained youths. Further, the present study is unable to provide conclusions on causality of the differences between the data.

Conclusions and Future Areas of Research

Given the paucity of research available on youths with special education needs within the juvenile justice system, the present study highlights the many significant associations on several variables pertaining to detained versus incarcerated youths with and without special education needs in the frequency data.

In particular, all of the analyses conducted on learning disabled youths indicated no significant associations for incarcerated versus detained youths, but the emotionally disturbed youths were found to have significant associations in their observed frequencies for both the levels of most serious offense and in the numbers of referrals. Further research is needed to determine the reason why there are significant associations between incarcerated and detained emotionally disturbed youths, but not for learning disabled youths. Throughout the examination of the data, emotionally disturbed youths displayed patterns that appear considerably different from those of learning disabled youths as well as the general population. For example, emotionally disturbed youths were found to be early onset offenders 74% of the time as opposed to approximately 55% of the time in the entire sample. In addition, emotionally disturbed youths were observed committing more than ten referrals more often than their non-emotionally disturbed peers. Future research is needed to examine how these emotionally disturbed youths differ from their peers in the juvenile justice system as well as in the general population in order to develop early intervention plans in an effort to reduce their offending. In addition, further research is needed with larger data samples in order to evaluate other special education categories such as mental retardation, other health impairment, and speech/language impairment.

The results of this study also indicate significant associations between incarcerated and detained youths in the observed frequencies of level of most serious offense. The review of frequency data, indicated that detained youths committed more felonies than incarcerated youths, which is counter-intuitive to general assumptions. Further research is needed that examines the specific crimes committed by youths in order to evaluate any differences that may exist in the types of crimes committed by incarcerated versus detained youths as well as special education versus non-special education youths.

Similarly, the investigation of the number of referrals committed by youths indicates significant associations in the incarcerated versus detained groups. A review of the frequency data revealed that there were more detained youths that committed 10 or more referrals than incarcerated youths that committed ten or more referrals. Without further information it is not possible to determine an explanation for this data. More research is required to determine the severity of each referral in order to make conclusions on the types of crimes being committed. In addition, the research literature has indicated that youths with more extensive prior records have a higher likelihood of being retained in the future (Bishop & Frazier, 1996; Rodriguez, 2007), thus more research is required on the decision making processes of judges, probation officers, and other court officials in order to determine what factors are involved when determining whether a youth should be detained.

Further studies are needed that specifically examine the various age groups in order to determine if younger youths are committing offenses in patterns differently than

older youths. In addition, longitudinal studies are needed that follow youths from the time of first offense into adulthood in order to evaluate patterns of behavior throughout their delinquency. More importantly, studies are required that examine the factors affecting early onset delinquency in order to develop prevention programs that can decrease the amount of crime committed by young youths.

Additional research is required on disproportionate minority involvement in the juvenile justice system from time of contact with law enforcement officials through confinement and eventual release decisions. In addition, disproportionality should be examined in special education youths within the juvenile justice system. The results of the present study indicate a significant association between special education and non-special education youths in detention, but no such association for incarcerated youths on the observed frequencies of ethnicity of the youths. These results may imply that various actions are taken at many points within the system by numerous decision makers (Bishop & Frazier, 1996) and it remains unclear how each step in the system is affecting the evidence of disproportionate minority contact. Additional research is also needed on minority groups such as Native Americans and Asians that are often less represented in the system, but may be experiencing differential treatment within detention and incarceration settings.

Appendix A
Human Subjects Approval

Human Subjects Protection Program



1350 N. Vine Avenue
P.O. Box 245137
Tucson, AZ 85724-5137
(520) 626-6721
<http://www.irb.arizona.edu>

25 May 2007

Kimberly Morris, Ph.D. Candidate
Advisor: Richard Morris, Ph.D.
College of Education
PO Box 210069

**RE: FREQUENCY OF CRIMES IN INCARCERATED VERSUS DETAINED JUVENILE
DELINQUENTS WITH AND WITHOUT SPECIAL EDUCATION DIAGNOSES**

Dear Ms. Morris:

We received documents concerning your above cited project. Regulations published by the U.S. Department of Health and Human Services [45 CFR Part 46.101(b)(4)] exempt this type of research from review by our Institutional Review Board.

Please be advised that clearance from academic and/or other official authorities for site(s) where proposed research is to be conducted must be obtained prior to performance of this study. Evidence of this must be submitted to the Human Subjects Protection Program office.

Exempt status is granted with the understanding that no further changes or additions will be made to the procedures followed (copies of which we have on file) without the review and approval of the Human Subjects Committee and your College or Departmental Review Committee. Any research related physical or psychological harm to any subject must also be reported to each committee.

Thank you for informing us of your work. If you have any questions concerning the above, please contact this office.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Dahl".

Rebecca Dahl, R.N., Ph.D.
Director
Human Subjects Protection Program

cc: Departmental/College Review Committee

Appendix B

ADJC Approval



Janet Napolitano
Governor

Michael Branham
Director

August 27, 2007

Kimberly Morris
907 W. Marketview Drive, Suite 10 #333
Champaign, Illinois 61822

Dear Ms. Morris,

Thank you for your request to conduct research with the Arizona Department of Juvenile Corrections.

In accordance with your research design and Arizona Department of Juvenile Corrections procedure 1130.01, Outside Research Requests, I approve your request to utilize ADJC data for the comparison of youth with and without special education diagnoses.

Please contact Michelle Anderson in Research and Development to arrange the data collection. We look forward to seeing the results of your research.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dianne L. Gadow', is written over a faint, larger version of the signature.

Dianne L. Gadow
Deputy Director

DLG/MA

cc: John Vivian, Ph.D., Administrator, Research and Development
Michelle Anderson, M.A., Senior Research Analyst, Research and Development

APPENDIX C

DISSERTATION DATA

Arizona Department of Juvenile Corrections

Agency	Ethnicity	Age of First Offense	Number of Referrals	Most Serious Offense	Special Education
ADJC	Hispanic	14	13	F5	None
ADJC	Hispanic	13	7	F6	None
ADJC	Hispanic	12	12	F2	None
ADJC	Hispanic	8	11	M1	None
ADJC	Hispanic	16	1	F3	None
ADJC	African American	11	10	M2	None
ADJC	Hispanic	13	8	F6	None
ADJC	Hispanic	11	3	F5	None
ADJC	Hispanic	13	8	F3	None
ADJC	Caucasian	11	15	F6	None
ADJC	Hispanic	13	7	F6	None
ADJC	Hispanic	10	26	M1	None
ADJC	Hispanic	15	4	F6	None
ADJC	Caucasian	13	20	F6	None
ADJC	Hispanic	13	9	M1	None
ADJC	Hispanic	14	6	F6	None
ADJC	Caucasian	10	12	M1	None
ADJC	Caucasian	12	23	M1	None
ADJC	Caucasian	10	9	F2	None
ADJC	African American	12	6	F6	None
ADJC	Hispanic	10	9	F6	None
ADJC	Hispanic	11	7	M1	None
ADJC	Caucasian	14	13	M1	None
ADJC	Hispanic	13	7	F3	None
ADJC	Caucasian	12	2	F3	None
ADJC	African American	11	14	F6	None
ADJC	Hispanic	13	5	F6	None
ADJC	Hispanic	13	6	F6	None
ADJC	Hispanic	12	8	F4	None

ADJC	Hispanic	11	14	F6	None
ADJC	Hispanic	10	30	M2	None
ADJC	Caucasian	13	19	F4	None
ADJC	Hispanic	14	9	M1	None
ADJC	Hispanic	11	6	F4	None
ADJC	Hispanic	12	8	F3	None
ADJC	African American	10	7	M1	None
ADJC	Native American	15	3	M2	None
ADJC	Hispanic	8	6	F6	None
ADJC	Caucasian	10	10	F2	None
ADJC	Caucasian	12	9	F6	None
ADJC	African American	11	13	F5	None
ADJC	Caucasian	15	2	F2	None
ADJC	Hispanic	14	7	F4	None
ADJC	Hispanic	14	13	M1	None
ADJC	African American	10	19	F4	None
ADJC	Hispanic	14	6	F5	None
ADJC	Hispanic	15	8	F3	None
ADJC	Caucasian	15	8	M1	None
ADJC	Hispanic	8	7	F4	None
ADJC	African American	13	6	M1	None
ADJC	Hispanic	15	6	M1	None
ADJC	Hispanic	13	4	F3	None
ADJC	Hispanic	14	17	M1	None
ADJC	Hispanic	16	6	F6	None
ADJC	Caucasian	12	10	F6	None
ADJC	Hispanic	10	23	F4	None
ADJC	Hispanic	11	7	F4	None
ADJC	Hispanic	14	5	F6	None
ADJC	Asian	14	13	M1	None
ADJC	African American	9	6	F4	None
ADJC	African American	11	6	M1	None
ADJC	Caucasian	14	6	F4	None
ADJC	Native American	14	3	F3	None
ADJC	Hispanic	17	9	F6	None
ADJC	Hispanic	13	10	F6	None
ADJC	Hispanic	15	4	F6	None

ADJC	Hispanic	14	8	F4	None
ADJC	Hispanic	13	10	M1	None
ADJC	Caucasian	13	11	M2	None
ADJC	Hispanic	14	7	F6	None
ADJC	Caucasian	11	14	M1	None
ADJC	Hispanic	13	7	F3	None
ADJC	Hispanic	13	4	M1	None
ADJC	Hispanic	15	1	F2	None
ADJC	Hispanic	12	8	F3	None
ADJC	Caucasian	11	13	F4	None
ADJC	African American	11	9	F4	None
ADJC	Hispanic	14	12	F4	None
ADJC	Caucasian	10	6	F6	None
ADJC	Caucasian	14	8	F6	None
ADJC	Caucasian	15	5	M1	None
ADJC	Native American	13	21	FF6	None
ADJC	Caucasian	12	4	F5	None
ADJC	African American	13	7	M3	None
ADJC	Caucasian	14	6	F5	None
ADJC	Hispanic	10	14	F3	None
ADJC	Caucasian	13	7	F5	None
ADJC	Caucasian	15	3	F5	None
ADJC	Hispanic	15	4	F4	None
ADJC	African American	11	9	M1	None
ADJC	Caucasian	14	9	F6	None
ADJC	Caucasian	11	7	F6	None
ADJC	Hispanic	9	3	F3	None
ADJC	Caucasian	16	10	F6	None
ADJC	Hispanic	13	8	F5	None
ADJC	Caucasian	11	3	F3	None
ADJC	Caucasian	14	7	F5	None
ADJC	Native American	14	10	F5	None
ADJC	Hispanic	12	7	F2	None
ADJC	Hispanic	13	9	F3	None
ADJC	Hispanic	14	13	M1	Specific Learning Disability
ADJC	African American	16	2	F6	Emotional Disturbance
ADJC	Hispanic	6	18	F3	Emotional Disturbance

ADJC	Caucasian	8	12	M1	Specific Learning Disability
ADJC	Caucasian	11	12	F6	Emotional Disturbance
ADJC	Native American	11	13	F6	Specific Learning Disability
ADJC	Caucasian	16	6	M2	Specific Learning Disability
ADJC	African American	12	9	F6	Emotional Disturbance
ADJC	Hispanic	14	6	F6	Specific Learning Disability
ADJC	Caucasian	16	4	F5	Other Health Impairment
ADJC	Hispanic	14	3	F3	Emotional Disturbance
ADJC	Hispanic	12	6	F6	Emotional Disturbance
ADJC	Hispanic	12	3	M1	Specific Learning Disability
ADJC	Caucasian	9	14	M2	Emotional Disturbance
ADJC	African American	11	13	F6	Emotional Disturbance
ADJC	Caucasian	12	10	F6	Specific Learning Disability
ADJC	Caucasian	10	17	F6	Specific Learning Disability
ADJC	Caucasian	9	13	M1	Emotional Disturbance
ADJC	Other	12	11	F6	Specific Learning Disability
ADJC	African American	9	14	F4	Specific Learning Disability
ADJC	African American	11	13	F6	Emotional Disturbance
ADJC	Hispanic	13	13	F6	Other Health Impairment
ADJC	Caucasian	14	9	F6	Specific Learning Disability
ADJC	Caucasian	12	14	F4	Specific Learning Disability
ADJC	Hispanic	14	7	F4	Emotional Disturbance
ADJC	African American	15	4	F6	Emotional Disturbance
ADJC	Caucasian	12	15	F6	Specific Learning Disability
ADJC	Hispanic	16	4	F3	Specific Learning Disability
ADJC	Caucasian	14	6	M1	Other Health Impairment
ADJC	Hispanic	9	23	F6	Emotional Disturbance
ADJC	Native American	14	9	M1	Specific Learning Disability
ADJC	Hispanic	8	15	F6	Specific Learning Disability
ADJC	Hispanic	11	8	F3	Specific Learning Disability
ADJC	Hispanic	15	4	F5	Specific Learning Disability
ADJC	Hispanic	13	6	F4	Specific Learning Disability
ADJC	Hispanic	15	14	M1	Emotional Disturbance
ADJC	Caucasian	9	10	M1	Emotional Disturbance
ADJC	Hispanic	15	2	F2	Specific Learning Disability
ADJC	Hispanic	13	9	F6	Specific Learning Disability
ADJC	Hispanic	15	15	F3	Specific Learning Disability

ADJC	Caucasian	9	17	M2	Specific Learning Disability
ADJC	Hispanic	12	12	F6	Specific Learning Disability
ADJC	Hispanic	14	10	F4	Specific Learning Disability
ADJC	Hispanic	9	11	F6	Emotional Disturbance
ADJC	Hispanic	14	5	F4	Specific Learning Disability
ADJC	Caucasian	11	11	F4	Emotional Disturbance
ADJC	Hispanic	14	8	F6	Emotional Disturbance
ADJC	Hispanic	11	18	F6	Specific Learning Disability
ADJC	Caucasian	10	3	M1	Emotional Disturbance
ADJC	African American	12	4	F3	Emotional Disturbance
ADJC	Hispanic	12	8	F6	Emotional Disturbance
ADJC	Caucasian	9	8	M1	Specific Learning Disability
ADJC	Caucasian	13	10	F6	Specific Learning Disability
ADJC	Hispanic	11	8	F6	Specific Learning Disability
ADJC	Hispanic	15	9	F6	Specific Learning Disability
ADJC	Hispanic	13	7	F3	Specific Learning Disability
ADJC	Hispanic	8	16	F3	Specific Learning Disability
ADJC	Hispanic	14	6	F6	Specific Learning Disability
ADJC	Hispanic	12	15	F4	Specific Learning Disability
ADJC	Caucasian	10	11	F3	Other Health Impairment
ADJC	Caucasian	13	11	F6	Emotional Disturbance
ADJC	Hispanic	10	21	F4	Emotional Disturbance
ADJC	Caucasian	10	20	F6	Emotional Disturbance
ADJC	Caucasian	12	6	F3	Specific Learning Disability
ADJC	Caucasian	8	13	F6	Specific Learning Disability
ADJC	Hispanic	15	5	M1	Specific Learning Disability
ADJC	Caucasian	8	5	F3	Emotional Disturbance
ADJC	African American	11	8	F6	Emotional Disturbance
ADJC	Hispanic	10	15	F3	Specific Learning Disability
ADJC	Caucasian	12	10	F6	Other Health Impairment
ADJC	Hispanic	14	6	M1	Emotional Disturbance
ADJC	Hispanic	11	3	F5	Specific Learning Disability
ADJC	Hispanic	8	10	F6	Emotional Disturbance
ADJC	Hispanic	10	14	F6	Specific Learning Disability
ADJC	Hispanic	14	6	F6	Mental Retardation
ADJC	Hispanic	13	9	F2	Specific Learning Disability
ADJC	Hispanic	15	8	M2	Data Missing

ADJC	African American	11	10	M3	Emotional Disturbance
ADJC	African American	13	12	F5	Specific Learning Disability
ADJC	Caucasian	14	3	F3	Specific Learning Disability
ADJC	Hispanic	11	14	F6	Mental Retardation
ADJC	Caucasian	9	8	F2	Emotional Disturbance
ADJC	Caucasian	14	9	M1	Specific Learning Disability
ADJC	Hispanic	13	6	F6	Mental Retardation
ADJC	Caucasian	13	7	F6	Emotional Disturbance
ADJC	African American	11	19	M1	Emotional Disturbance
ADJC	African American	12	3	M2	Emotional Disturbance
ADJC	Native American	12	14	F3	Specific Learning Disability
ADJC	Hispanic	6	14	M1	Specific Learning Disability
ADJC	Hispanic	9	29	F6	Specific Learning Disability
ADJC	Caucasian	12	23	M1	Emotional Disturbance
ADJC	Hispanic	13	6	F4	Emotional Disturbance
ADJC	Caucasian	12	3	F6	Specific Learning Disability
ADJC	Hispanic	15	4	F6	Specific Learning Disability
ADJC	African American	10	6	F6	Emotional Disturbance
ADJC	Hispanic	13	3	F6	Specific Learning Disability
ADJC	Native American	12	17	F6	Specific Learning Disability
ADJC	Hispanic	16	5	F6	Emotional Disturbance
ADJC	Hispanic	11	4	F2	Other Health Impairment
ADJC	Hispanic	8	21	M1	Emotional Disturbance

Pima County Juvenile Detention Center

Agency	Ethnicity	Age of First Offense	Number of Referrals	Most Serious Offense	Special Education
PCJCC	Hispanic	11	9	F6	None
PCJCC	Native American	13	3	F5	None
PCJCC	Hispanic	12	5	F4	None
PCJCC	Hispanic	10	14	F3	None
PCJCC	Hispanic	10	11	F6	None
PCJCC	Hispanic	15	4	F6	None
PCJCC	Hispanic	12	15	F3	None
PCJCC	African American	14	5	F5	None
PCJCC	Hispanic	12	8	F3	None
PCJCC	Native American	12	13	F2	None
PCJCC	Caucasian	8	15	F3	None
PCJCC	Caucasian	12	12	M1	None
PCJCC	African American	12	23	F3	None
PCJCC	Hispanic	15	11	M1	None
PCJCC	Hispanic	13	5	F6	None
PCJCC	Native American	11	7	F6	None
PCJCC	Hispanic	12	9	F4	None
PCJCC	Hispanic	10	11	F5	None
PCJCC	Hispanic	14	6	F3	None
PCJCC	Caucasian	10	15	F3	None
PCJCC	Hispanic	16	7	F5	None
PCJCC	African American	8	27	F5	None
PCJCC	Native American	8	17	F6	None
PCJCC	Caucasian	13	5	F4	None
PCJCC	Hispanic	10	10	F6	None
PCJCC	Hispanic	14	11	F5	None
PCJCC	Hispanic	12	5	F4	None
PCJCC	Caucasian	14	8	F6	None
PCJCC	Caucasian	12	15	F4	None
PCJCC	Native American	9	16	F6	None
PCJCC	Hispanic	13	8	F6	None
PCJCC	Hispanic	13	9	F6	None
PCJCC	Caucasian	11	16	F3	None
PCJCC	Caucasian	12	28	F5	None

PCJCC	Hispanic	9	15	F4	None
PCJCC	Hispanic	13	18	F3	None
PCJCC	African American	13	2	M1	None
PCJCC	Native American	13	4	F6	None
PCJCC	Hispanic	12	3	F6	None
PCJCC	Hispanic	12	13	F6	None
PCJCC	Hispanic	12	9	F2	None
PCJCC	Caucasian	17	3	F6	None
PCJCC	Native American	13	4	F2	None
PCJCC	Hispanic	12	14	F5	None
PCJCC	Native American	13	13	F3	None
PCJCC	Hispanic	12	3	F3	None
PCJCC	Caucasian	10	11	F3	None
PCJCC	Caucasian	11	8	F5	None
PCJCC	Caucasian	13	13	F5	None
PCJCC	Hispanic	11	24	F4	None
PCJCC	Hispanic	14	6	F6	None
PCJCC	African American	13	13	F4	None
PCJCC	Caucasian	16	5	F6	None
PCJCC	Native American	13	5	F4	None
PCJCC	Hispanic	9	15	F4	None
PCJCC	Hispanic	9	6	F4	None
PCJCC	Hispanic	13	6	F3	None
PCJCC	Hispanic	13	5	F6	None
PCJCC	Hispanic	11	4	F4	None
PCJCC	Hispanic	10	13	F3	None
PCJCC	Hispanic	11	16	F2	None
PCJCC	Hispanic	15	6	F4	None
PCJCC	Hispanic	14	4	F6	None
PCJCC	Hispanic	12	17	F3	None
PCJCC	Hispanic	10	16	F2	None
PCJCC	Caucasian	15	3	F2	None
PCJCC	Hispanic	13	4	M1	None
PCJCC	Caucasian	12	26	F3	None
PCJCC	Hispanic	10	10	F6	None
PCJCC	Hispanic	15	5	F3	None
PCJCC	Native American	8	10	F5	None
PCJCC	Hispanic	14	13	F3	None

PCJCC	Hispanic	12	9	F4	None
PCJCC	Native American	12	3	F6	None
PCJCC	Hispanic	11	17	F4	None
PCJCC	Hispanic	10	12	F2	None
PCJCC	Native American	13	9	F6	None
PCJCC	African American	13	13	F6	None
PCJCC	Hispanic	11	4	F6	None
PCJCC	Hispanic	12	7	F6	None
PCJCC	Caucasian	11	17	F6	None
PCJCC	Caucasian	8	11	F6	None
PCJCC	Caucasian	10	5	F6	None
PCJCC	Hispanic	10	15	F4	None
PCJCC	Caucasian	11	3	F4	None
PCJCC	Hispanic	13	5	F6	None
PCJCC	Hispanic	14	12	F6	None
PCJCC	African American	13	12	F6	None
PCJCC	Hispanic	12	9	F4	None
PCJCC	Hispanic	8	6	F4	None
PCJCC	African American	14	54	F5	None
PCJCC	Hispanic	14	6	F3	None
PCJCC	Hispanic	14	9	F3	None
PCJCC	Other Origin	14	4	F6	None
PCJCC	Hispanic	12	11	F6	None
PCJCC	Hispanic	11	19	F4	None
PCJCC	Native American	11	10	F6	None
PCJCC	Hispanic	9	5	M1	None
PCJCC	African American	15	7	F6	None
PCJCC	Caucasian	8	17	F3	Emotional Disturbance
PCJCC	African American	8	17	F6	Emotional Disturbance
PCJCC	African American	10	28	F6	Emotional Disturbance
PCJCC	Native American	9	7	F4	Emotional Disturbance
PCJCC	Caucasian	11	10	F3	Emotional Disturbance
PCJCC	Caucasian	9	11	F4	Emotional Disturbance
PCJCC	Hispanic	9	16	F3	Emotional Disturbance
PCJCC	Hispanic	13	11	F5	Emotional Disturbance
PCJCC	Hispanic	10	13	F6	Emotional Disturbance
PCJCC	Hispanic	8	29	F4	Emotional Disturbance
PCJCC	Hispanic	8	18	F4	Emotional Disturbance

PCJCC	Hispanic	16	3	F3	Emotional Disturbance
PCJCC	Hispanic	9	26	F3	Emotional Disturbance
PCJCC	Caucasian	9	21	F4	Emotional Disturbance
PCJCC	African American	12	17	F2	Emotional Disturbance
PCJCC	Caucasian	9	32	F3	Emotional Disturbance
PCJCC	Caucasian	9	12	F6	Emotional Disturbance
PCJCC	Caucasian	10	17	F5	Emotional Disturbance
PCJCC	Caucasian	10	17	F4	Emotional Disturbance
PCJCC	Hispanic	10	15	F3	Emotional Disturbance
PCJCC	Hispanic	11	19	F4	Emotional Disturbance
PCJCC	Caucasian	14	4	F2	Emotional Disturbance
PCJCC	Caucasian	10	14	F3	Emotional Disturbance
PCJCC	Hispanic	10	14	F3	Emotional Disturbance
PCJCC	African American	9	17	F6	Emotional Disturbance
PCJCC	Caucasian	13	10	F6	Emotional Disturbance
PCJCC	Caucasian	14	10	M1	Emotional Disturbance
PCJCC	African American	11	10	F2	Emotional Disturbance
PCJCC	Caucasian	9	6	F6	Emotional Disturbance
PCJCC	African American	12	18	F6	Emotional Disturbance
PCJCC	Caucasian	10	22	F6	Emotional Disturbance
PCJCC	African American	12	14	F6	Emotional Disturbance
PCJCC	African American	10	20	F6	Emotional Disturbance
PCJCC	Caucasian	13	10	F6	Emotional Disturbance
PCJCC	Native American	13	13	F6	Emotional Disturbance
PCJCC	Native American	9	40	F4	Emotional Disturbance
PCJCC	Caucasian	10	13	F5	Emotional Disturbance
PCJCC	Caucasian	13	7	F6	Emotional Disturbance
PCJCC	Caucasian	15	1	M2	Emotional Disturbance
PCJCC	Hispanic	8	11	F5	Mental Retardation
PCJCC	Hispanic	10	10	F4	Mental Retardation
PCJCC	Hispanic	13	2	F2	Mental Retardation
PCJCC	Hispanic	14	10	F2	Mental Retardation
PCJCC	African American	12	10	F6	Mental Retardation
PCJCC	Caucasian	9	8	F2	Other Health Impairment
PCJCC	Hispanic	8	1	M1	Other Health Impairment
PCJCC	African American	13	9	F4	Other Health Impairment
PCJCC	Caucasian	12	15	F2	Other Health Impairment
PCJCC	Caucasian	12	8	F2	Other Health Impairment

PCJCC	Hispanic	10	19	F4	Specific Learning Disability
PCJCC	Hispanic	14	12	F3	Specific Learning Disability
PCJCC	Hispanic	8	15	F2	Specific Learning Disability
PCJCC	Hispanic	9	14	F3	Specific Learning Disability
PCJCC	Hispanic	12	12	F4	Specific Learning Disability
PCJCC	Caucasian	10	25	F6	Specific Learning Disability
PCJCC	Hispanic	15	2	M1	Specific Learning Disability
PCJCC	African American	12	14	F2	Specific Learning Disability
PCJCC	Hispanic	10	14	F6	Specific Learning Disability
PCJCC	Hispanic	15	12	F6	Specific Learning Disability
PCJCC	Caucasian	14	8	F6	Specific Learning Disability
PCJCC	African American	12	18	F4	Specific Learning Disability
PCJCC	Hispanic	13	15	M1	Specific Learning Disability
PCJCC	Hispanic	15	15	F5	Specific Learning Disability
PCJCC	Caucasian	12	3	F3	Specific Learning Disability
PCJCC	Hispanic	13	14	F5	Specific Learning Disability
PCJCC	Hispanic	12	10	F3	Specific Learning Disability
PCJCC	African American	13	11	F6	Specific Learning Disability
PCJCC	Hispanic	12	12	F5	Specific Learning Disability
PCJCC	African American	15	12	F2	Specific Learning Disability
PCJCC	Hispanic	12	10	F3	Specific Learning Disability
PCJCC	Hispanic	12	17	F3	Specific Learning Disability
PCJCC	Hispanic	13	10	F3	Specific Learning Disability
PCJCC	African American	14	11	F2	Specific Learning Disability
PCJCC	Hispanic	13	9	F4	Specific Learning Disability
PCJCC	African American	14	11	F5	Specific Learning Disability
PCJCC	Hispanic	15	13	F6	Specific Learning Disability
PCJCC	Hispanic	13	10	M1	Specific Learning Disability
PCJCC	Caucasian	13	6	F3	Specific Learning Disability
PCJCC	Hispanic	12	13	F3	Specific Learning Disability
PCJCC	Caucasian	12	15	F6	Specific Learning Disability
PCJCC	Caucasian	15	5	F2	Specific Learning Disability
PCJCC	Hispanic	14	12	F6	Specific Learning Disability
PCJCC	African American	12	3	F2	Specific Learning Disability
PCJCC	Caucasian	15	3	M1	Specific Learning Disability
PCJCC	Caucasian	14	5	F6	Specific Learning Disability
PCJCC	African American	11	18	F5	Specific Learning Disability
PCJCC	Caucasian	12	2	M1	Specific Learning Disability

PCJCC	Caucasian	17	5	F2	Specific Learning Disability
PCJCC	Hispanic	10	20	F3	Specific Learning Disability
PCJCC	Native American	9	9	F4	Specific Learning Disability
PCJCC	Hispanic	11	8	F3	Specific Learning Disability
PCJCC	Hispanic	13	4	F3	Specific Learning Disability
PCJCC	Hispanic	12	6	M1	Specific Learning Disability
PCJCC	Hispanic	12	9	F3	Specific Learning Disability
PCJCC	Caucasian	14	8	F6	Specific Learning Disability
PCJCC	Caucasian	16	10	M1	Specific Learning Disability
PCJCC	African American	13	8	F2	Specific Learning Disability
PCJCC	Caucasian	13	10	F6	Specific Learning Disability
PCJCC	Hispanic	13	3	F2	Specific Learning Disability

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