

Risk and Protective Factors
for Youth at Risk in
Marion County:
A Literature Review
A Report to the
Early Intervention Planning Council

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A Report to the
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Introduction

What determines what kind of an adult a child will grow to be? Why does one child in a family become a college graduate while the other a high school dropout? Which child will become involved in drugs or delinquency and violence in general? Are certain children predestined to become involved in delinquent behaviors because of genes, the family life they experience, the community they live in, or the friends they socialize with?

Although there are no clear cut answers to any of these questions, researchers have found links between some life events, individual characteristics and attributes, school and family qualities, and certain life outcomes. These indicators or predictors are grouped into two categories: risk and protective factors. The first factor, influences negatively, pushing a child towards antisocial behavior, while the second—protective factors—impacts positively, providing a countering effect against negative risk factors. These factors are indicators for which path a child will take as he or she progresses through life, whether it is graduating from high school and becoming a productive member of society or a path leading to chronic juvenile delinquency and later serious crime. (2)

A study of writings on juvenile delinquency and crime reveals that more than 100 factors have been measured to some degree to determine how they predict the fate of a child. (See attached listing.) These factors are further divided into five major factor groups or domains. This framework is based upon areas that influence a child's life and are categorized into the following characteristics: individual, family, school, peer group, and community. Each of these groups then can be divided into risk and protective types. For instance, "drug use" is considered a risk factor while "positive beliefs and standards" is considered a protective factor. (2)

These studies show that as the number of risk factors increase in a child's life, the risk of delinquent behavior later in life also rises. But, just the existence of a risk factor or factors does not necessarily condemn a child to juvenile delinquency or worse. Problem behaviors can rise from a multiple of causes besides the presence of risk factors. In addition, the existence of protective factors oftentimes can negate the effect of the risk factors. Researchers are just now beginning to understand the correlation between risk and protective factors and the later development of health and behavioral problems.

What is being discovered is that the interaction of these social, moral, and intellectual forces are highly interrelated, occurring together or clustering, such as delinquency and drug abuse. Two factors, race and poverty, are so intertwined that studies cannot conclusively determine if race is indeed a risk factor for problem behavior. In addition to this clustering effect, risk factors have been shown to have at times a precursor effect. In other words, a risk factor can be a risk factor for another risk factor creating a chain of events. This digression can lead to a spiraling effect with the child's life plummeting into an ever increasing serious state with more and more negative outcomes in the life of the child. (2)

The timing of the occurrence of risk and protective factors has also been shown to be very important in predicting outcomes. For instance, poverty has certain dynamics that exert pressure on a child's life depending on when it occurs and its duration. Also, research has found that the younger a child is when exhibiting certain risk factors, such as antisocial behaviors like lying, the more of a chance the child will exhibit other increasingly negative behaviors. This is because there



will be more time before the child reaches adulthood for these behaviors to develop—reflecting the spiraling effect mentioned earlier. (2)

Risk and protective factors also fluctuate in significance. As the childhood/adolescent developmental process unfolds, different influences in a child's life gain predominance. Individual and family factors have the greatest effect on a child's life until he or she enters school. At that time, a shift to school influences begins to take control until the middle school years when the school relinquishes its sway on a child's life to his or her peers and the pressures associated with them. (2) This explains why certain preventive programs have different effects depending on when in the childhood/adolescent developmental process the program intervenes.

What has revolutionized the way juvenile delinquency and crime have been treated in the last 20 years is the utilization of a risk factor prevention model imported from medicine and public health. By intervening with public programs at certain points in a child's life, the development of risk factors can be avoided or delayed. These programs can also curtail the process by which these factors cause more serious risk factors to develop. (2)

There are many points of intervention with at-risk youth but very early intervention at the ages of 3—5 has been shown to decrease the numbers of children who later drop out of school, become teenage parents, abuse drugs, and become involved in delinquency or serious crime. Researchers are not sure if this is due to risk factors being avoided or protective factors being strengthened thereby lessening the impact of risk factors or a combination of the two. (41)

The Perry Preschool Project in Ypsilanti, Mich., in the early 1960s studied the impact of preschool education on the children of low-income African American families. The result was dramatic differences in the numbers of children in the control versus experimental groups in teenage pregnancy, substance abuse, high school graduation rates, juvenile delinquency and criminal behavior. And, the only significant difference between the treatment of the two groups was the inclusion of a preschool program for the experimental group. (41)

Of course, early intervention is not always possible or feasible. In these cases, programs that successfully arm a child with protective factors or reduce the chance of risk factors developing can be implemented at key points in a child's life. As studies from the literature review indicate, what needs to be considered is not only early intervention but the implementation of the appropriate programs geared for the appropriate developmental period in a child's life.

The following tables illustrate those risk and protective factors that the Early Intervention Planning Committee researchers have found to be singled out by investigators and the corresponding book or article discussions. Each number in the tables represents the number of the source in the bibliography which concludes this section. A number that is followed by an asterisk (*) denotes an article or book section that specifically mentions that age group and risk or protective factor. Appendix A lists definitions of each risk and protective factor.

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers

Individual Factors (medical, psychological, and physical)	Pre-natal	Infants	Toddlers	Pre-School	Elementary School	Middle School	High School	Early Young Adulthood
Risk		0—1	1—2	3—4	5—11	12—14	15—18	18—25
Maternal substance-abuse during pregnancy	7, 8, 44*, 70*	7, 8, 70*	7, 8, 70*	7, 8, 70*	2*, 7, 8	7, 8	7, 8	7, 8
Poor maternal health and diet during pregnancy	57*, 70*	57*, 70*						
No prenatal care	58	58	58	58	58	58	58	58
Prenatal and perinatal complications	1, 2*, 13, 44*, 46, 54, 58*, 70*	2, 44, 46, 54	2, 44, 46, 54	2, 44, 46, 54	2*, 44, 46, 54	2*, 44, 46, 54	2, 44, 46, 54	2, 44, 46, 54
Male gender		1, 2, 8, 41, 42, 46, 48, 49, 52, 54	1, 2, 8, 41, 42, 46, 48, 49, 52, 54	1, 2, 8, 41, 42, 46, 48, 49, 52, 54	1, 2*, 3*, 4*, 8, 41, 42, 46, 48, 49, 52, 54	1, 2*, 3*, 4*, 8, 41, 42, 46, 48, 49, 52, 54	1, 2, 8, 41, 42, 46, 48, 49, 52, 54	1, 2, 8, 41, 42, 46, 48, 49, 52, 54
Race/ethnic minority status	8, 30*, 44, 49, 52, 54, 58	8, 30*, 42, 44, 49, 52, 54, 58	8, 30*, 42, 44, 49, 52, 54, 58	8, 30*, 42, 44, 49, 52, 54, 58	8, 30*, 42, 44, 49, 52, 54, 58	8, 30*, 42, 44, 49, 52, 54, 58	8, 30*, 42, 44, 49, 52, 58	8, 42, 44, 49, 52, 58
Congenital predisposition	8, 49, 54	8, 39*, 49, 54	8, 39*, 49, 54	8, 49, 54	8, 49, 54	8, 49, 54	8, 49, 54	8, 49, 54
Low IQ		38, 43, 44, 49, 51, 54	2, 8, 38, 43, 44, 49, 51, 54	2, 8, 35*, 38, 43, 44, 49, 51, 54	2*, 3*, 4*, 8, 38, 39*, 43, 44, 49, 51, 54	2*, 3*, 8, 38, 43, 44, 49, 50*, 51, 54	2, 8, 38, 43, 44, 50*, 51, 54	2, 43, 44, 51, 54
Low resting heart rate		1, 2	1, 2	1, 2	1, 2	1, 2*	1, 2	1, 2
Exhibits externalizing disorders and/or psychobiological factors		1, 16, 42, 45	1, 2, 8*, 13, 16, 42, 45, 54	1, 2, 8*, 13, 16, 42, 45, 54	1, 2*, 4*, 5*, 8*, 13, 16, 33*, 42, 45, 54	1*, 2*, 13, 16, *33, 42, 45, 50*, 54	1, 2*, 5*, 13, 16, 42, 45, 50*, 54	1, 2, 13, 16, 45, 54
Displays aggression		1, 21, 45, 49, 50, 51, 54	1, 8*, 21, 38, 44*, 45, 49, 50, 51, 54	1, 2*, 8*, 21, 38, 44*, 45, 49, 50, 51, 54	1*, 2*, 3*, 4*, 8*, 21, 33*, 38, 45, 49, 50, 51, 54	1*, 2*, 3*, 4*, 8*, 21, 33*, 38, 45, 49, 50, 51, 54	21, 38, 45, 50, 51, 54	21, 38, 45, 50, 51, 54
Involvement in antisocial behavior		30*, 41, 54	30*, 41, 54	1, 18, 26, 30*, 38, 41, 54	1, 2*, 4*, 5*, 18, 26, 30*, 33*, 38, 41, 54	1, 2*, 18, 26, 30*, 33*, 38, 41, 54	1, 5*, 18, 26, 30*, 38, 41, 54	1, 18, 26, 38, 41, 54
Early onset of antisocial behavior					16*			
Late start of antisocial behavior						16*		
Conduct Disorder			21, 52, 54	21, 52, 54	21, 52, 54	21, 52, 54	21, 52, 54	21, 52, 54
Beliefs and attitudes favorable to deviant or antisocial behavior			13, 41, 51, 54	1, 13, 41, 51, 54	1, 8*, 13, 37, 41, 51, 54	1, 2*, 4*, 13, 37, 41, 50*, 51, 54	1, 5*, 13, 37, 41, 50*, 51, 54	1, 13, 51, 37, 41, 54

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

Individual Factors (medical, psychological, and physical) Risk (continued)	Pre-natal	Infants 0—1	Toddlers 1—2	Pre-School 3—4	Elementary School 5—11	Middle School 12—14	High School 15—18	Early Young Adulthood 18—25
Presence of psychological condition		9, 13, 21, 48, 54	9, 13, 21, 48, 52, 54	9, 13, 21, 44*, 48, 52, 54	2*, 3*, 4*, 5*, 9, 13, 21, 33*, 44*, 48, 52, 54	2*, 3*, 4*, 9, 13, 20*, 21, 23*, 33*, 48, 52, 54	2, 9, 13, 20*, 21, 23*, 48, 52, 54	9, 13, 21, 23*, 48, 52, 54
Exhibits automatic thoughts						28*	28*	
Exhibits internalizing disorders		1, 45	1, 2, 7, 18, 44*, 45, 54	1, 2, 7, 18, 44*, 45, 54	1, 2*, 7, 18, 37, 45, 54	1, 2*, 7, 18, 37, 45, 54	1, 2, 7, 18, 37, 45, 54	1, 2, 7, 18, 37, 45, 54
Involved in delinquency			21, 27, 31, 38, 41, 48, 49, 54	21, 27, 31, 38, 41, 48, 49, 54	2*, 3*, 4*, 8*, 21, 27, 31, 37, 38, 41, 48, 49, 50, 51, 54, 56	2*, 3*, 4*, 21, 23*, 24*, 27, 31, 37, 38, 41, 48, 49, 50, 51, 54, 56	2, 21, 23*, 24*, 27, 31, 37, 38, 41, 48, 49, 50, 51, 56	21, 23*, 27, 31, 37, 38, 41, 48, 49, 50, 51, 56
Early initiation of violent behavior			7, 13, 21, 38, 49, 52	1, 2*, 7, 13, 21, 26, 27, 31, 49, 52	1*, 2*, 7, 13, 21, 26, 27, 31, 33*, 49, 52	1*, 2*, 3*, 4*, 7, 13, 20, 21, 23, 24, 26, 27, 31, 33*, 49, 52	1*, 7, 13, 20, 21, 23, 24, 26, 27, 31, 49, 52	1, 7, 13, 21, 23, 26, 27, 31, 49, 52
Involvement in personal crimes					5*, 49, 51, 52, 54	2*, 3*, 4*, 49, 51, 52, 54	5*, 49, 51, 52, 54	49, 51, 52, 54
Involvement in property crimes				26, 38, 49, 52	26, 38, 49, 52	26, 38, 49, 50*, 52	26, 38, 49, 50*, 52	26, 38, 49, 52
Substance use/abuse		13, 21, 30*, 31, 37, 38, 48, 49, 52, 54	13, 21, 30*, 31, 37, 38, 48, 49, 52, 54	13, 21, 30*, 31, 37, 38, 48, 49, 52, 54	2*, 3*, 4*, 13, 16, 21, 26*, 27, 30*, 31, 33*, 37, 38, 48, 49, 51, 52, 54	2*, 3*, 4*, 16*, 13, 20*, 21, 23*, 24*, 26*, 27, 30*, 31, 33*, 37, 38, 44*, 48, 49, 51, 52, 54	2, 5*, 16*, 13, 20*, 21, 23*, 24*, 26*, 27, 30*, 31, 37, 38, 44*, 48, 49, 50*, 51, 52, 54	16*, 13, 21, 23*, 27, 31, 37, 38, 48, 51, 54
Drug dealing						2*	2*	
Contact with police/arrested					35, 49	35, 49	35, 49	35, 49
Violent behavior				49, 54	2, 49, 54	2, 49, 54	2, 49, 54	49, 54
Crime recidivism					48	48, 50*	48, 50*	
Risky/early sexual behavior					27, 37, 48, 53	20, 23, 27, 37, 44, 48, 53	20, 23, 27, 37, 44, 48, 53	23, 27, 37, 48, 53

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

Individual Factors (medical, psychological, and physical)	Pre-natal	Infants	Toddlers	Pre-School	Elementary School	Middle School	High School	Early Young Adulthood
Risk (continued)		0—1	1—2	3—4	5—11	12—14	15—18	18—25
HIV Disease/STDs	9, 21, 48, 57	9, 21, 48, 57	9, 21, 48, 57	9, 21, 48, 57	9, 21, 48, 57	9, 21, 48, 57	9, 21, 48, 57	9, 21, 48, 57
Eating Disorder					9, 21, 52	9, 21, 52	9, 21, 52	9, 21, 52
Problematic social information processing					16	16	16	16
Negative critical life events						28*	28*	
Daily hassles						28*	28*	
Inadequate nutrition	33, 46, 57*	33, 46, 57*, 70	33, 46, 57*, 70	33, 46, 57*, 70	33, 46, 70	33, 46, 70	33, 46, 70	33, 46, 70
Low MSD (motor & social development)		46	46	46	46	46	46	46
Cognitive disabilities				35, 57	35, 57	35, 57	35, 57	35, 57
Medical/physical characteristics/disabilities	9, 33, 44, 49	9, 33, 44, 46, 49	9, 33, 44, 46, 49	9, 33, 44, 46, 49	9, 33, 39*, 44, 46, 49	2*, 9, 33, 44, 46, 49	9, 33, 44, 46, 49	9, 44, 46, 49
Suicide attempts					52	52	52	52
Earlier and more frequent adolescent transitions						53*	53*	
Exposure to lead toxicity	13, 36	36	36	36	2*, 36	36	36	36
Unemployed							55	
Lack of emotional support				34*	34*			
Ward of state/child welfare/Child Protective Services	58	39*, 58	39*, 58	39*, 58	39*, 58	58	58	58
Lack of health insurance coverage	48	48	48	48	48	48	48	48
Teen marriage		39*	39*	39*	39*	39*	39*	
Protective								
Prenatal and perinatal care	57*	44*						
Gender (Female)		8, 4	8, 4	8, 4	8, 4	8, 4	8, 4	8, 4
Moderate to high IQ		2, 4, 8, 18, 58	2, 4, 8, 13, 18, 58	2, 4, 8, 13, 18, 58	2, 4, 8, 13, 18, 58	2, 4, 8, 13, 18, 58	2, 4, 8, 13, 18, 58	2, 4, 8, 13, 18, 58
Placed in adoptive family		54	54	54	54	54	54	54
Positive beliefs and standards		4, 13, 58	8, 4, 13, 58	1, 8, 4, 13, 58	1, 8, 4, 13, 58	1, 8, 4, 13, 28*, 58	1, 8, 4, 13, 28*, 58	1, 8, 4, 13, 58
Highly developed personal and prosocial skills		58	2, 7, 8, 13, 58	2, 7, 8, 13, 58	2, 7, 8, 13, 26*, 58	2, 7, 8, 13, 26*, 28*, 58	2, 7, 8, 13, 28*, 58	2, 7, 8, 13, 58

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

Individual Factors (medical, psychological, and physical)	Pre-natal	Infants	Toddlers	Pre-School	Elementary School	Middle School	High School	Early Young Adulthood
Protective (continued)		0—1	1—2	3—4	5—11	12—14	15—18	18—25
High self constructs			2, 7, 8	2, 7, 8	2, 7, 8	2, 7, 8, 28*	2, 7, 8, 28*	2, 7, 8,
Social support		2, 8, 20	2, 7, 8, 20	2, 7, 8, 20	2, 3*, 7, 8, 20	2, 7, 8, 20, 28*	2, 7, 8, 20, 28*	2, 7, 8, 20
Intolerant attitude toward deviance			2, 4	2, 4	2, 4	2, 4	2, 4	2, 4
High accountability		2	2	2	2, 5*	2	2, 5*	2
Self-discipline			8	8	8	8	8	8
Ability to feel guilt		2	2	2	2, 5*	2	2, 5*	2
Trustworthiness			2	2	2, 5*	2	2, 5*	2
Resilient temperament		8, 9, 18, 26, 44, 58	8, 9, 13, 18, 26, 44, 58	8, 9, 13, 18, 26, 44, 58	8, 9, 13, 18, 26, 44, 58	8, 9, 13, 18, 26, 44, 58	8, 9, 13, 18, 26, 44, 58	8, 9, 13, 18, 26, 44, 58
Perceived sanctions for transgression		4	4	4	4	4	4	4
Aging								49
Family Factors								
Risk								
Parental criminality. Child maltreatment	1, 2, 8, 13, 30*, 40, 43, 48, 52, 54, 55, 58*	1, 2, 8, 13, 30*, 40, 43, 48, 54, 55, 58*	1, 2, 8, 13, 30*, 40, 43, 48, 54, 55	1, 2, 8, 13, 30*, 40, 43, 48, 54, 55	1, 2*, 4*, 8, 13, 30*, 40, 43, 48, 54, 55	1, 2*, 3*, 4*, 8, 13, 30*, 40, 43, 48, 50*, 54, 55	1, 2, 8, 13, 30*, 40, 43, 48, 50*, 54, 55	1*, 2, 8, 13, 40, 43, 48, 54, 55
Poor family management practices	1, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 55	1, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 51, 54, 55	1, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 51, 54, 55	1, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 51, 54, 55	1, 2*, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 51, 54, 55	1*, 2*, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 50*, 51, 54, 55	1*, 7, 8, 16, 18, 21, 26, 30*, 42, 43, 44, 49, 50*, 51, 54, 55	1, 7, 8, 16, 18, 21, 26, 42, 43, 44, 51, 55
Low levels of parental involvement	1, 45, 48	1, 8, 45, 48	1, 8, 45, 48	1, 8, 45, 48	1, 2*, 8, 45, 48	1*, 2*, 4*, 8, 45, 48, 50*	1, 8, 45, 48, 50*	1, 45, 48
Poor family bonding and family conflict	1, 7, 8, 18, 21, 42, 45, 54, 55	1, 7, 8, 18, 21, 39*, 42, 45, 54, 55	1, 7, 8, 18, 21, 33*, 39*, 42, 45, 54, 55	1, 7, 8, 21, 33*, 39*, 42, 45, 54, 55	1, 2*, 7, 8, 21, 33*, 39*, 42, 45, 54, 55	1, 2*, 4*, 7, 8, 21, 33*, 42, 45, 54, 55	1, 7, 8, 21, 33*, 42, 45, 55	1, 7, 8, 21, 45, 55
Parent-child separation		1*, 2, 18, 48, 52, 53	1*, 2, 18, 48, 52, 53	1*, 2, 18, 48, 52, 53	1*, 2*, 4*, 18, 48, 52, 53	1*, 2, 4*, 18, 48, 52, 53	1, 2, 18, 48, 52, 53	1, 2, 18, 48, 53
Low parental education	2, 39*, 44, 46, 47*, 70	39*, 47*, 46, 70	2, 39*, 44, 46, 47*, 70	2, 35*, 44, 46, 47*, 70	2*, 44, 46, 47*, 70	2, 44, 46, 70	2, 5*, 44, 46, 70	2, 44, 46, 70

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

Family Factors Risk (continued)	Pre-natal	Infants 0—1	Toddlers 1—2	Pre-School 3—4	Elementary School 5—11	Middle School 12—14	High School 15—18	Early Young Adulthood 18—25
Parental unemployment	2, 43, 44, 46, 58	2, 39*, 43, 44, 46, 58	2, 39*, 43, 44, 46, 58	2, 35*, 39*, 43, 44, 46, 58	2*, 39*, 43, 44, 46, 58	2, 43, 44, 46, 58	2, 43, 44, 46, 58	2, 43, 44, 46, 58
Family receipt of welfare/low socioeconomic status/poverty	2, 7, 29, 30*, 39*, 42, 43, 44, 45, 46, 47*, 48, 49, 57*, 58, 70	2, 7, 29, 30*, 35*, 39*, 42, 43, 44, 45, 46, 47*, 48, 49, 57*, 58, 70	2, 7, 29, 30*, 35*, 39*, 42, 43, 44, 45, 46, 47*, 48, 49, 58, 70	2, 7, 29, 30*, 35*, 42, 43, 44, 45, 46, 47*, 48, 49, 58, 70	2*, 3*, 4*, 7, 29, 30*, 39*, 42, 43, 44, 45, 46, 47*, 48, 49, 58, 70	2*, 3*, 4*, 7, 29, 30*, 42, 43, 44, 45, 46, 48, 49, 50*, 58, 70	2, 5*, 7, 29, 30*, 42, 43, 44, 45, 46, 48, 49, 50*, 58, 70	2, 7, 29, 42, 43, 44, 45, 46, 48, 49, 58, 70
Teenage mother	2, 13, 21, 31, 34, 41, 48, 54, 55, 57	2, 13, 21, 31, 34, 41, 48, 54, 55, 57	2, 13, 21, 31, 34, 41, 48, 54, 55, 57	2, 13, 21, 31, 34, 41, 48, 54, 55, 57	2*, 5*, 13, 21, 31, 34, 41, 48, 54, 55, 57	2, 13, 21, 23*, 27*, 31, 34, 41, 44*, 48, 54, 55, 57	2, 5*, 13, 21, 23*, 27*, 31, 34, 41, 44*, 48, 54, 55, 57	2, 13, 21, 23*, 27*, 31, 34, 41, 44*, 48, 54, 57
Frequent family moves	2, 45	2, 45	2, 45	2, 45	2, 45	2, 45	2, 45	2, 45
Substance-abusing parents	2, 8, 13, 37, 57	2, 8, 13, 37, 57	2, 8, 13, 37, 57	2, 8, 13, 37, 57	2*, 8, 13, 37, 57	2, 8, 13, 37, 57	2, 8, 13, 37, 57	2, 8, 13, 37, 57
Anti-social parents		8	8	8	2*, 3*, 4*, 8	2*, 3*, 4* 8	8	
Ethnicity					2*, 3*	2*, 3*		
Single-parent family/divorce	30*, 43, 44, 45, 47*, 48, 49, 55	8, 30*, 39*, 43, 44, 45, 47*, 48, 49, 55	8, 30*, 39*, 43, 44, 45, 47*, 48, 49, 55	8, 30*, 39*, 43, 44, 45, 47*, 48, 49, 55	2*, 3*, 8, 30*, 39*, 43, 44, 45, 47*, 48, 49, 55	2*, 3*, 8, 30*, 43, 44, 45, 48, 49, 55	8, 30*, 43, 44, 45, 48, 49, 55	43, 44, 45, 48, 49, 55
Parent-child relations	18, 21, 32, 43, 49	18, 21, 32, 43, 49	18, 21, 32, 43, 49	18, 21, 32, 43, 49	2*, 3*, 4*, 18, 21, 32, 39*, 43, 49	2*, 3*, 4*, 18, 21, 32, 39*, 43, 49	18, 21, 32, 43, 49	18, 21, 32, 43, 49
Parental mental health illness	8, 21, 58	8, 21, 58	8, 21, 58	8, 21, 58	2*, 8, 21, 58	8, 21, 58	8, 21, 58	21, 58
Large family	43, 44, 45, 46, 55	43, 44, 45, 46, 55	43, 44, 45, 46, 55	35*, 43, 44, 45, 46, 55	2*, 43, 44, 45, 46, 55	43, 44, 45, 46, 55	43, 44, 45, 46, 55	43, 44, 45, 46, 55
Domestic violence		8	8	8	8	8	8	8
Child's countercontrol			51	51	51	51	51	51
Homelessness	33	33	33	33	33	33	33	33
Parental absence	45	45	45	45	45	45, 50*	45, 50*	45
Parental marital status	9, 45, 47*, 49, 53, 54, 58	9, 45, 47*, 49, 53, 54, 58	9, 45, 47*, 49, 53, 54, 58	9, 45, 47*, 49, 53, 54, 58	9, 45, 47*, 49, 53, 54, 58	9, 45, 49, 53, 54, 58	9, 45, 49, 53, 54, 58	9, 45, 49, 53, 54, 58
Parental health condition						50*	50*	

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

Family Factors	Pre-natal	Infants	Toddlers	Pre-School	Elementary School	Middle School	High School	Early Young Adulthood
Risk (continued)		0—1	1—2	3—4	5—11	12—14	15—18	18—25
Family criminal/delinquency history	54, 58	1*, 54, 58	1*, 54, 58	1*, 54, 58	1*, 2*, 42, 54, 58	1*, 2*, 42, 54, 58	1*, 42, 54, 58	42, 54, 58
Lack of family planning	51, 58	51, 58	51, 58	51, 58	51, 58	51, 58	51, 58	51, 58
Sibling birth order	51	51	51	51	51	51	51	51
Parental death	*58							
Family instability		39*	39*	39*	2*, 39*	39*	39*	
Protective								
Stable home environment	1*, 21, 47*, 58	21, 47*, 58	21, 47*, 58	21, 58	21, 58	21, 58	21, 58	21, 58
Supportive parent-child relations	7, 18, 32, 43, 47*, 58	2, 8, 4, 7, 18, 32, 43, 47*, 58	2, 8, 4, 7, 18, 32, 43, 47*, 58	2, 8, 4, 7, 18, 32, 43, 58	2, 8, 4, 5*, 7, 18, 32, 43, 58	2, 8, 4, 7, 18, 32, 43, 58	2, 4, 5*, 8, 7, 18, 32, 43, 58	2, 4, 8, 7, 18, 32, 43, 58
Proactive family management	29, 32, 42, 58	2, 4, 8, 21, 29, 42, 32, 58	2, 4, 8, 21, 29, 32, 42, 58	2, 4, 8, 21, 29, 32, 42, 58	2, 4, 8, 21, 29, 32, 42, 58	2, 4, 8, 21, 29, 32, 42, 58	2, 4, 5*, 8, 21, 29, 32, 42, 58	2, 4, 5*, 8, 21, 29, 32, 42, 58
Racial pride/proud ethnicity								
Family advocacy	8, 58	8, 58	8, 58	8, 58	8, 58	8, 58	8, 58	8, 58
Strong economic base	8	8	8	8	8	8	8	8
Cognitive stimulation of children	*47	47*	47*	47*	47*			
School Factors								
Risk								
Academic failure	30*	30*	30*	16, 27, 30*, 33*, 35, 41, 42, 48, 51, 60	1*, 2*, 8*, 13, 16, 27, 30*, 33*, 35, 41, 42, 48, 51, 60	1*, 2*, 4*, 13, 16, 27, 30*, 33, 35, 41, 42, 44*, 48, 50*, 51, 60	1*, 2, 13, 16, 27, 30*, 33, 35, 41, 42, 48, 50*, 51, 60	
Truancy and dropping out of school					1*, 26, 27, 37, 38, 42, 48, 51, 54, 58, 60	1*, 2*, 16*, 26, 27, 37, 38, 42, 44*, 48, 50*, 51, 54, 58, 60	16*, 26, 27, 35, 37, 38, 42, 44*, 48, 50*, 51, 54, 58, 60	35, 37, 38
Frequent school transitions					1, 18	1*, 2*, 18	1*, 2*, 18	
Early and persistent antisocial behavior at school				44*, 57	2, 8*, 44*, 57	2, 50*, 57	50*, 57	
Involved in bullying/Aggressor or Victim				16, 22*, 26	2*, 16, 22*, 26	2*, 16, 26	2*, 16, 26	2*, 16, 26

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

School Factors	Pre-natal	Infants	Toddlers	Pre-School	Elementary School	Middle School	High School	Early Young Adulthood
Risk (continued)		0—1	1—2	3—4	5—11	12—14	15—18	18—25
Cognitive problems		16, 30*, 36	16, 30*, 36	16, 30*, 36	16, 30*, 36	16, 30*, 36	16, 30*, 36	
Inadequate educational opportunities				57	57	57	57	
Poor school attitude/performance/low academic achievement				16, 30*, 36, 43, 44*, 51, 54	1*, 2*, 3*, 4*, 8*, 13, 16, 30*, 33, 36, 43, 44*, 51, 54	1*, 2*, 3*, 4*, 8, 13, 16*, 30*, 33, 36, 43, 51, 54	1*, 2*, 8, 13, 16*, 30*, 33, 36, 43, 51, 54	
School has few resources/money				48	48	48	48	
Poorly functioning schools				7, 16, 22*, 55	1*, 2*, 7, 16, 22*, 55, 58	1*, 2*, 7, 16, 55, 58	1*, 2*, 7, 16, 55, 58	
Protective								
Academic achievement				2, 8	2, 4, 5*, 8, 26*, 39*	2, 8, 26*	2, 4, 8	4
Positive attitude toward school				2, 4	2, 4, 5*, 26*	2, 26*	2, 4, 5*	
Support from teachers/school bonding				58	58	23*, 26*, 33*, 58	23*, 33*, 58	23*
CAT score							5*	
Clear future educational expectations		2	2	2	2	2, 26*	2	2
High-quality schools		2, 7	2, 7	2, 7, 22*, 33, 58	2, 7, 22*, 33, 58	2, 7, 33, 58	2, 7, 33, 58	7
School offers extracurriculars					42, 58	42, 58	42, 58	
Peer-Group Related Factors								
Risk								
Delinquent siblings		1*	1*	1*	1*, 2*	1*, 2*	1*,	
Delinquent peers	30*	30*	30*	30*, 40, 42, 49	1, 2*, 5*, 30*, 40, 42, 49, 55	1, 2*, 4*, 8*, 16*, 30*, 40, 42, 49, 50*, 55	1, 2*, 5*, 16*, 30*, 40, 42, 49, 50*, 55	2*, 16*, 40, 42, 49, 55
Gang membership					1, 2*, 55	1, 2*, 4*, 55	1, 2*, 55	55
Susceptible to peer pressure/rejection			7, 16, 33, 37, 53, 51, 54	7, 16, 33, 37, 53, 51, 54	2*, 7, 16, 33, 37, 53, 51, 54	2*, 7, 16, 33, 37, 53, 51, 54	2*, 7, 16, 33, 37, 53, 51, 54	7, 16, 37, 53, 51, 54
Lack of social ties			16	16	2*, 4*, 16, 39*, 44*	2*, 4*, 16, 39*, 44*	16, 39*	16

Risk and Protective factors Identified by Early Intervention Planning Committee Researchers (continued)

Community and Neighborhood Factors	Pre-natal	Infants	Toddlers	Pre-School	Elementary School	Middle School	High School	Early Young Adulthood
Risk (continued)		0—1	1—2	3—4	5—11	12—14	15—18	18—25
Neighborhood environment considered unsafe	16, 29, 56	16, 29, 56	16, 29, 56	16, 29, 56	16, 29, 56	16, 29, 56	16, 29, 56	16, 29, 56
High gang activity				16	16	16	16	16
High crime rate	30*, 48	30*, 48	30*, 48	30*, 48	30*, 48	30*, 48	30*, 48	48
Few public and social services	48	48	48	48	48	48	48	48
Limited recreational/youth programs				48	48	48	48	48
Few role models				48	48	48	48	48
Protective								
Effective social policies/programs present	2, 48	2, 48	2, 48	2, 48	2, 48	2, 48	2, 48	2, 48
Non-disadvantaged neighborhood	2, 29	2, 29	2, 29	2, 29	2, 5*, 29	2, 29	2, 29	2
Low neighborhood crime rate	2, 18	2, 18	2, 18	2, 18	2, 5*, 18	2, 18	2, 18	2, 18
Support from neighborhood institutions	58	58	58	58	58	23*, 58	23*, 58	23*, 58
Effective criminal system programs	48	48	48	48	48	48	48	48

* This age group specifically cited



Appendix A: Definitions

Individual

Risk

Automatic thoughts—Irrational thinking patterns or thoughts that automatically come to mind when a particular situation occurs.

Beliefs and attitudes favorable to deviant or antisocial behavior—The adolescent considers deviant or antisocial behavior acceptable.

Cognitive disabilities—An Intelligent Quotient (IQ) of less than 70 (formerly known as mental retardation).

Conduct disorder—Conduct disorder is a childhood behavior disorder characterized by aggressive and destructive activities that cause disruptions in the child's natural environments such as home, school, church, or the neighborhood. The overriding feature of conduct disorder is the repetitive and persistent pattern of behaviors that violate societal norms and the rights of other people.

Congenital predisposition—Susceptibility present at birth.

Contact with police/arrested—The youth is questioned and/or arrested by police.

Crime recidivism—The continued, habitual or compulsive commission of law violations after first having been convicted of prior offenses.

Daily hassles—The youth experiences an onslaught of small hindrances that when taken together give rise to emotional instability.

Delinquency—An antisocial misdeed in violation of the law by a minor.

Drug dealing—Selling illegal drugs or involved in the selling of illicit drugs.

Risky/early sexual behavior—The youth engages in sex before emotionally prepared and/or engages in unprotected sex.

Earlier and more frequent adolescent transitions—The developmental movement of an adolescent into young adulthood, for example school completion, job entry, marriage, and parenthood.

Eating disorder—An eating disorder is a syndrome in which a person eats in a way which disturbs their physical health. Psychologists class these syndromes as "mental disorders", going by the mental health model that views the syndrome as caused by something largely outside human will.



Exhibits externalizing disorders—The child demonstrates disruptive behaviors characterized by acting out, aggression, hyperactivity, and other conduct-type disorders that interfere with general functioning.

Exhibits internalizing disorders—The child displays behaviors characterized by social withdrawal and feelings of loneliness, depression, nervousness, worrying, and anxiety that interfere with relating to others more than usual, or with competing school work.

Exposure to lead toxicity—The individual suffers from some level of childhood lead poisoning.

HIV Disease/STDs—The youth suffers from human immunodeficiency virus or sexually transmitted diseases.

Inadequate nutrition—Considered a sign of child maltreatment or neglect.

Involved in violent behavior—The use of aggressive force or a weapon in criminal behaviors; this variable also includes violent victimization.

Involvement in antisocial behavior—The youth is involved in antisocial behavior such as destructiveness, troublesomeness, and lying.

Involvement in personal crimes—Personal crimes include rape, sexual assault, personal robbery, assault, purse snatching and pocket picking.

Involvement in property crimes—Property crimes include theft, burglary, and motor vehicle theft.

Lack of emotional support—The absence of parental care, love, and nurturing can cause loneliness and low self-esteem in children.

Lack of health insurance coverage—A child who does not have health insurance is at risk of not receiving primary care or the preventive care that can save the child from developing more debilitating illnesses.

Low IQ—An Intelligent Quotient factor of less than 85.

Low resting heart rate—This is a condition that is associated with fearlessness or stimulation seeking, both characteristics that may predispose them to aggression and violence.

Male gender—Male sex.

Maternal substance-abuse during pregnancy—The mother of the individual used one or all the following substances while pregnant: tobacco, drugs, and alcohol.

Medical/physical characteristics/disabilities—The youth suffers from conditions such as stunting (low height for age), wasting (low weight for height), and obesity.

MSD—Motor and social development.



Negative critical life events—Events in a child’s life in which he or she can either become stronger through resiliency and coping mechanisms or can weaken him or her and lead to further problems, such as teen pregnancy or dropping out of school.

No prenatal care—The mother receives none of the regular health care that a woman should receive during pregnancy from an obstetrician or midwife.

Poor maternal health and diet during pregnancy—The lack of certain nutrients during pregnancy can cause birth defects and certain congenital conditions.

Prenatal and perinatal complications—Complications of pregnancy include eclampsia, premature birth, low-birth weight, and erythroblastosis fetalis (Rh incompatibility). Ectopic pregnancy, in which the fetus begins to develop outside the uterus, often in a fallopian tube, is another complication.

Presence of psychological condition—The presence of mental health illnesses such as depression.

Problematic social information processing—Such as attributional biases and difficulty with interpreting intentions.

Race/ethnic minority status—The child belongs to a race or ethnic group that is considered a minority in the community in which he or she lives.

Substance use/abuse—The illegal use of drugs and tobacco and alcohol (underage) by an adolescent is a risk factor for progressive delinquency.

Suicide attempts—Self-destructive violence. Relatively low self-esteem is a risk factor for suicide, suicide attempts and depression, for teenage pregnancy, and for victimization by others.

Teen marriage—Becoming married while still a teen creates stress on youth who may not be emotionally prepared for this type of commitment.

Unemployed—Being of working age and not having a job.

Ward of state/child welfare/Child Protective Services—The youth becomes part of the child welfare system.

Protective

Ability to feel guilt—An indication of moral rationality or a moral compass is the ability to experience remorse and empathy.

Ageing—As an individual becomes an adult, the risk of that individual becoming involved in antisocial behavior lessens considerably due to the responsibilities that accompany aging such as employment, military enlistment, marriage, and children.

Female gender—Female sex.



High accountability—The principle that individuals are responsible for their actions and may be required to explain them to others.

High self constructs—Self constructs deal with how a youth views him- or herself. This group of conceptions include: self-esteem, self-efficacy, self-confidence, and self-concepts.

Highly developed personal and prosocial skills—The adolescent possesses skills such as coping with loneliness, making choices, controlling anger, recognizing feelings, and coping with peer pressure.

Intolerant attitude toward deviance—This reflects a commitment to traditional values and norms as well as disapproval of activities that violate these norms. Young people whose attitudes are antithetical to violence are unlikely to become involved in activities that could lead to violence or to associate with peers who are delinquent or violent.

Moderate/High IQ—Intelligence Quotient (IQ) of 85 or greater.

Perceived sanctions for transgression—This refers to perceived peer disapproval of deviant behavior.

Placed in adoptive family—There are times when permanently removing a child from his or her natural family creates a protective factor for the child.

Positive beliefs and standards—Positive beliefs and standards in a young person is an indication that the youth has adopted traditional values and norms.

Prenatal and perinatal care—Appropriate care before and after the birth of the child, including well-baby visits and immunizations.

Resilient temperament—Researchers use this term to describe children who achieve positive outcomes in the face of considerable risks and adverse conditions.

Self-discipline—This is the ability to reject instant gratification, in favor of something better. It is the ability of the individual to stick to actions, thoughts, and behavior, which lead to improvement and success.

Social support—A network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help.

Trustworthiness—The trait of deserving trust and confidence.



Family Risk

Antisocial parents—Research has demonstrated that youths who engage in high levels of antisocial behavior are much more likely than other youths to have a biological parent who also engages in antisocial behavior. This association is believed to reflect both the genetic transmission of predisposing temperament and the maladaptive parenting of antisocial parents.

Child exhibits countercontrol—Actions taken by a child to systematically produce behavioral effects in a controller such as a parent or teacher.

Domestic violence—Also called "family violence," it not only refers to as abuse between partners but may also be used to refer to abuse that occurs in any relationship within households, including abuse of children, elders or siblings.

Ethnicity—Ethnicity implies one or more of three conditions: (1) a common language or religious tradition; (2) shared origins or social background; and (3) shared culture and traditions that are distinctive, maintained between generations, and conducive to a sense of identity and group.

Family criminal/delinquency history—Members of the family, which may include siblings and extended family such as aunts, uncles, or cousins, have either been involved in criminal activities or delinquent behaviors.

Family experiences homelessness—This refers to one of the following: the family has no permanent nighttime residence; they are camping with no permanent home to return to; they are doubling up temporarily with another family; they have no permanent place to return to after hospitalization; they are living out of a car; or living in an emergency or transitional shelter.

Family instability—The strength of a family can be measured by parental mental health, stable relationships among caregivers, and positive parenting. Examples included within this variable are: mother remarried, stepfather moves in; problem in relationship with mother; mother pregnant or birth of younger sibling; high turnover of caregivers, sibling handicapped, with learning and behavior problems; older sibling has left house or a sibling has died.

Family receipt of welfare/low socioeconomic status/poverty—Although poverty in itself is an important risk factor, what is also important to note is the duration, timing, and the extent of poverty in a child's life.

Frequent family moves—A structural factor that is often out of the control of family members and may contribute to family disruption, overcrowding and stress, depression and other interrelated factors.

Lack of family planning—Examples of this include unplanned pregnancy and children close in age.

Large family—A "large family" in this report conveys overcrowding in the home environment.

Low levels of parental involvement—Parents involved in the life of the child.



Low parental education—Less than a high school diploma for either the mother or father.

Mother's smoking during pregnancy—The child's mother smokes while she is pregnant with the child.

Parent-child relations—The parent-child relationship consists of a combination of behaviors, feelings, and expectations that are unique to a particular parent and a particular child. Of the many different relationships people form over the course of the life span, the relationship between parent and child is among the most important. The quality of the parent-child relationship is affected by the parent's age, experience, and self-confidence; the stability of the parents' marriage; and the unique characteristics of the child compared with those of the parent.

Parent-child separation—One of the most important aspects of infant psychosocial development is the infant's attachment to parents. Attachment is a sense of belonging to or connection with a particular other. This significant bond between infant and parent is critical to the infant's survival and development. The quality of the infant's attachment predicts later development. Youngsters who emerge from infancy with a secure attachment stand a better chance of developing happy and healthy relationships with others. The attachment relationship not only forms the emotional basis for the continued development of the parent-child relationship, but can serve as a foundation for future social connections.

Parental absence—In this report parental absence deals with typically the father being away from the home due to work.

Parental attitudes favorable to substance abuse and violence—Parental attitudes and behavior towards drugs, crime and violence influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana and developing a substance abuse problem.

Parental criminality—This refers to child maltreatment or sexual abuse, physical abuse and neglect of children by parents.

Parental death—The death of one of the child's parents.

Parental health condition—The presence of a parental disability or long-term health conditions.

Parental marital status—This category includes the following variables: never married, remarried, divorced, step-family, and widowed.

Parental mental health illness—The presence of a parental psychological condition such as depression.

Parental unemployment—Main family wage-earner unemployed.

Poor family bonding and family conflict—A child may suffer from being continually surrounded by negative moods and family discord. In some situations a child may be forced to make painful and emotionally damaging choices, perhaps between quarreling family members, as



in the case of divorcing parents who sometimes use their children as pawns in their own marital conflicts.

Poor family management practices—This variable includes lack of parental monitoring or supervision of the child or children and reinforcement of coercive behavior. Poor family management practices are defined as having a lack of clear expectations for behavior, failure of parents to supervise and monitor their children (knowing where they are and whom they're with), and excessively severe, harsh or inconsistent punishment.

Sibling birth order—The birth order and the sex and ages of siblings has been shown to affect the education level each sibling achieves.

Single-parent family/divorce—The child's parents have divorced and/or the child lives in a household with only one parent.

Substance-abusing parents—Either the mother or father abuses illegal substances or abusively uses legal substances (alcohol). In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person's using marijuana and developing a substance abuse problem.

Teenage motherhood—The pregnancy and the subsequent giving birth of a child occurring in young women between the ages of 13 and 19.

Protective

Cognitive stimulation of children—Families through play, interaction, and outings promote a child's ability to think, learn, and remember.

Family advocacy—This protective factor is defined as families that seek information and support for their children.

Proactive family management—Includes positive discipline, high levels of parental supervision and attachment, and good family communication.

Racial pride/proud ethnicity—This protective indicator is linked to the familial appreciation of its heritage and culture. It helps in defining identity, self-esteem, and self-concept.

Stable home environment—Markers for family stability are parental mental health, stable relationships among caregivers, and positive parenting.

Strong economic base—Families are economically self-sufficient when no additional assistance is needed such as food stamps, cash assistance, Medicaid, day care vouchers, money from family and friends, or any other type of support to provide for its everyday existence.

Supportive parent-child relations—Parental emotional support helps young children develop empathy, self-regulation and pro-social skills.



School Risk

Academic failure—The concept of academic failure refers to the lack of achievement by individuals of objectives related to various types of knowledge and skills. These objectives are socially established based on the age, prior learning and capacity of individuals with regard to education, socialization and qualification.

Cognitive problems—Included with this category for the purposes of this report is attention deficit hyperactivity disorder and learning disorders (ADHD/LD). Educational disabilities include cognitive problems, such as loss of ability to concentrate and difficulties with short-term memory, working memory, word-finding ability, and visual/spatial perception.

Early and persistent antisocial behavior at school—This risk factor includes misbehaving in school, skipping school, and getting into fights with other children.

Frequent school transitions—The term “frequent” in this case is generally thought of as attending four or more schools before high school. These transitions place youths at risk due to difficulties in adjusting to new environments with unfamiliar teachers and peers.

Inadequate educational opportunities—Schools may not provide equal or sufficient programs to all genders or represented races or ethnicities.

Involvement in bullying—(either aggressor or victim) There are three distinct attributes to bullying: first, the harassment of the victim occurs over an extended period of time; second, the intent behind the harassment is meant to cause harm either mentally or physically to the victim; and finally, an imbalance of power is apparent.

Poor school attitude/performance/low academic achievement—Students who are not engaged in their education, lack commitment or motivation, or may have been held back in a previous grade.

Poorly functioning schools—These types of schools are characterized by high delinquency, high gang activity, and problematic school disciplinary practices.

School has few resources—A school without adequate funding.

Truancy and dropping out of school—Students absent from school without an excuse are considered truant; while students who leave school permanently are regarded as “dropping out of school.” School dropout is the outcome of a process of school disengagement, which sometimes takes root in the early years of education.



Protective

Academic achievement—The concept of academic achievement refers to the achievement by individuals of objectives related to various types of knowledge and skills. These objectives are socially established based on the age, prior learning and capacity of individuals with regard to education, socialization and qualification.

CAT score—The Children's Apperception Test, often abbreviated as CAT, is an individually administered projective personality test appropriate for children aged three to 10 years. The CAT is intended to measure the personality traits, attitudes, and psychodynamic processes evident in children within this age group. By presenting a series of pictures and asking a child to describe the situations and make up stories about the people or animals in the pictures, an examiner can elicit this information about the child.

Clear future educational expectations—It has been found that if a youth and his or her parents have a goal of additional education following high school this provides a protective factor against problem behavior in the youth. This educational expectation is not only for college but also includes technical schooling.

High-quality schools—Schools with an intolerant attitude toward negative or antisocial behaviors have been found to be of higher quality and have fewer problems with delinquency and antisocial behaviors.

Positive attitude toward school—An adolescent who is optimistic and committed to his or her education.

School offers extracurriculars—Extracurricular activities are non-classroom activities that can contribute to a well-rounded education. They can include such activities as athletics, clubs, student government, recreational and social organizations and events.

Support from teachers/bonds with school—An adolescent who connects with his or her school and develops relationships with his or her teachers is less likely to become involved in problem behaviors.

Peer Group

Risk

Antisocial peers—Peers are friends or individuals a youth associates with. Antisocial peers are those that exhibit behavior which violates accepted mores.

Delinquent peers—Young people who associate with individuals (peers) who engage in a problem behavior—delinquency, substance abuse, violent activity, sexual activity or dropping out of school—are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just spending time with friends who engage in problem behaviors greatly increases the risk of that problem developing.

Gang membership—Youth gangs are a loosely-organized association of socially excluded, alienated, or bigoted individuals acting together within a fluid structure with informal leadership.



Youth gangs are bound by a common ethnicity, race, social class, or other determinant and employ distinctive symbols, including style and color of dress, hand signs, tattoos, and graffiti. Loyal gang members follow a gang-defined system of rules, rituals, and codes of behavior. Gangs serve some individuals as a substitute family structure. Membership imparts a sense of empowerment as members act together to defend territory and provide mutual protection.

Lack of social ties—A young person without relationships or links to others.

Peers who use/abuse substances—See delinquent peers.

Susceptible to peer pressure/rejection—Peer pressure is made up of a set of group dynamics in which a group of people in which a youth feels comfortable may override the personal habits, individual moral inhibitions or personal desires to impose a group norm of attitudes or behaviors. It requires members to conform to the overall values of the group.

Protective

Avoidance of peers involved in antisocial behavior—A youth keeps away from those who either have been considered friends or potential friends that exhibit disruptive or harmful actions.

Parental approval of peers—The parents of an adolescent supports his or her choice in friends and/or those he or she associates with.

Positive peer group—An adolescent's set of friends or those he or she associates with model conventional or pro-social behavior.

Community

Risk

Availability of drugs and firearms—A community in which it is easy to purchase illegal drugs and guns is prone to additional problems. The more available drugs and alcohol are in a community, the higher the risk that drug abuse will occur in that community. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal.

Community disorganization/social disorganization—Communities with a prevalence of crime, violence, and delinquency with evidence of abandoned buildings and graffiti are said to be disorganized.

Exposure to violence and racial prejudice/discrimination—Exposure includes witnessing or experiencing violence or racial prejudice/discrimination by a child in the community or in their home.

Few public and social services—Public services are those services performed for the benefit of the public. Social services are services provided to individuals or families experiencing difficulty in meeting their basic human needs such as physical survival; employment; social support and interaction; and assistance in addressing conditions related to health, mental health and substance abuse.



Few role models—A shortage of people who can serve as an example of values, attitudes, and behaviors associated with a role such as father, or someone who distinguish themselves in such a way that others admire and want to emulate them.

High crime rate—A high proportion of offenses to the number of people living in the neighborhood. These offenses or crimes include both personal and property offenses, such as: robbery, aggravated assault, forcible rape, homicide, domestic violence, burglary, and automobile theft.

High gang activity—(See “gang membership” definition under Peer Group, Risk Factors.) Youth gangs typically engage in delinquent, criminal, and violent activities, often for financial gain. Neighborhoods with high levels of gang acts see a marked increase in those previously mentioned activities.

High level of neighborhood adults involved in crime—With high levels of crime in a neighborhood, not only does the crime provide an impact but these adult criminals are basically a “negative” role model to the youth of a community.

High mobility rate—Communities without many long-term residents. The families and those living in the neighborhoods move in and out frequently.

High population density—This indicator measures concentration of the human population in reference to space and is calculated by taking the total number of people and dividing it by the square area of land (ie., miles or kilometers). Population density has close linkages with other demographic indicators, such as life expectancy at birth and total fertility rate.

High poverty level—A community with a high level of households below the federal poverty guidelines. The poverty line is the level of income below which one cannot afford to purchase all the resources one requires to live. People who have an income below the poverty line have no discretionary disposable income, by definition.

High unemployment—A community which has a disproportionately large number of unemployed workers and provides little opportunity for them to enter the workforce.

Ineffective social policies—Communities with public policies that do not address with the problems of the neighborhood such as those concerning public welfare and public access to social programs.

Limited recreational/youth programs—Community lacks or has very few programs aimed at youth development and engagement such as YMCA, YWCA, Boys and Girls Clubs, Boy Scouts, Girl Scouts, 4-H Clubs, and Girls Inc.

Low levels of neighborhood attachment—Neighborhoods without a sense of connection or a sense of community or family.

Media portrayals of violence—Research has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Children learn from watching actors model violent behavior, as well as learning violent problem-solving strategies. Also, media portrayals of violence appear to alter children's attitudes and sensitivity to violence.



Neighborhood environment considered unsafe—A neighborhood without security or safety, characterized by crime, drug dealing, and bullying.

Physical deterioration—A community that is experiencing the decay of its material structures such as buildings, roads, and sidewalks causing the value of the area to lessen.

Protective

Effective criminal system programs—Communities which have transition services/programs for those leaving the justice system.

Effective social policies/programs present—Communities with programs that address problem areas such as poverty, lack of education, unemployment, and single-parent families.

Low neighborhood crime rate—A low proportion of offenses to the number of people living in the neighborhood. These offenses or crimes include both personal and property offenses, such as: robbery, aggravated assault, forcible rape, homicide, domestic violence, burglary, and automobile theft.

Non-disadvantaged neighborhood—A designation for neighborhoods with a low percentage of households on public assistance, high school dropouts, working-age males unattached to the labor force, and female-headed families.

Support from neighborhood institutions—The involvement in the community of such organizations as neighborhood churches, schools, and long-standing businesses.



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