

Journal of Applied Juvenile Justice Services

Challenges to Hispanic Youth with Both Delinquency and Maltreatment History

Elijah P. Ricks and Chelsea Geise
Roosevelt University, Chicago, Illinois

James M. Wood
The University of Texas at El Paso

Child victims of maltreatment (abuse or neglect) are at higher risk of delinquency. When children experience both maltreatment and delinquency, they generally face more challenges and experience poorer outcomes across many factors. Hispanics are the fastest-growing minority in the U.S. and have unique cultural and familial considerations. This study sought to explore how adjudicated Hispanic youths with maltreatment history (also referred to as “dually identified youths”) compare to Hispanic youths involved only in the juvenile justice system across psychosocial risk factors and indicators of risk. In El Paso County, Texas, on the U.S.-Mexico border, the researchers matched the records of 255 adjudicated Hispanic juvenile offenders with Child Protective Services’ (CPS) records to identify those with a substantiated maltreatment history. The researchers found that 37 youth (14.5 percent) had been involved in at least one confirmed CPS case. Dually identified juveniles were more likely to have a mental health diagnosis, a court-appointed attorney (used as a proxy for general socioeconomic status), and a close family member with substance abuse problems or criminal justice involvement. On average, dually identified youths faced a larger number of these challenges combined than the youths involved only in delinquency. These findings are discussed in light of prior research on dually identified populations, with implications for juvenile justice and child protective services policy, and research on Hispanic juveniles. Keywords: Risk factors, mental health, juvenile delinquency, maltreatment, minority youth

CHALLENGES TO HISPANIC YOUTH WITH BOTH DELINQUENCY AND MALTREATMENT HISTORY

Child abuse and neglect affect millions of youths each year. In 2013, child protective services in the United States responded to nearly 3.2 million reports of child maltreatment. Through these investigations, authorities substantiated maltreatment allegations for approximately 679,000 cases, or 9.1 of every 1,000 children (U.S. Department of Health and Human Services, 2015). Due to the secretive nature of child maltreatment, underreporting is a major concern (Finkelhor, 2014;

Gilbert, Kemp et al., 2009; Swahn et al., 2006). Thus, the true proportion of maltreated children is certainly higher than these figures suggest.

In addition to the direct physical and emotional dangers maltreated (i.e., abused and neglected) children face (Gilbert, Spatz Widom et al., 2009), they are at higher risk of being involved in delinquency (Johnson, Ereth, and Wagner, 2004). This fact appears to be true regardless of whether the children are formally charged and regardless of the seriousness of the offense (Smith & Thornberry, 1995). For example, Ryan and Testa (2005) found delinquency rates were approximately 47 percent higher among youths who were involved with at least one substantiated maltreatment allegation than those among non-maltreated youths. Another study by English, Widom, and Brandford (2002) indicated that maltreated youth were 4.8 times more likely to be arrested as a juvenile than were controls. In a large study by Swahn et al. (2006) of the youths in detention centers, 83 percent reported having been physically abused. The clear overlap between delinquency and maltreatment has spurred interest in research about these *crossover youths*. Crossover youths, in the broadest definition, include youths who have both maltreatment and delinquency needs, though not necessarily at the same time (Herz, Ryan, and Bilchik, 2010). There is a need to better understand this population's characteristics and the interaction (or lack thereof) between government programs that respectively oversee child welfare and juvenile misconduct (Herz et al., 2012). In order to improve outcomes for crossover youths, their unique risks and needs must be understood (Dowden & Andrews, 1999), and effective interventions must be designed and implemented.

Obstacles to Research of and Interventions With Crossover and Dually Identified Youths

Research on crossover youths is difficult for a variety of reasons. Due to underreporting, these youths may have no formal involvement with the agencies intended to serve them and, therefore, may go unidentified. However, a subpopulation of crossover youths is more easily identified. These youths are called *dually identified* (DI; Wiig & Tuell, 2013). DI youths are crossover youths who have received interventions from both CPS and the juvenile justice system (JJS), thus creating some record thereof. Their involvement in CPS may have been resolved and closed, or it may be concurrent with their delinquency involvement.

Unfortunately, even when a juvenile has been identified as a crossover youth, there are many obstacles to concerted intervention. Child welfare and juvenile justice organizations are frequently separate entities. Because of this separation, there are often policy differences and gaps in communication. When involvement in both systems is known, laws regarding information sharing, combined with disparate systems and software for keeping records, and sometimes separate jurisdictions, can make it a daunting task to identify and collaborate on DI juveniles' best interests (Herz et al., 2012) and presents a challenge for researchers who wish to better understand who these youths are.

Further complicating the proper identification of crossover youths is that their status may change at any of the many points in their system involvement. For example, a juvenile may have an open child welfare case at the time of his or her own arrest or may have had an open case in the past that has since closed. Additionally, the need to involve CPS may become apparent only during the delinquency investigation or, in some cases, a youth may need to be discharged from a correctional

facility, but the home circumstances indicate that maltreatment is likely to occur (Cusick, George, & Bell, 2009), thus involving CPS only after the delinquency case is closed. All of these challenges in studying the crossover population have resulted in lingering gaps in the knowledge of their circumstances, characteristics and, therefore, appropriate interventions.

When gaps in communication exist, intervention efforts may be less effective, or even needlessly burdensome, on DI youths and their families. As Wiig and Tuell (2013) suggest, communication gaps may lead to duplication of services and treatment plans that address only part of the problem. For example, the JJS may focus on a youth's substance use, whereas CPS may focus on parental substance use. If both systems could fully collaborate on these issues, perhaps the family could benefit from interventions that are more holistically tailored to its needs (often called "wraparound" services; e.g., Carney & Buttell, 2003), such as using family-based interventions targeting substance use (see Wiig & Tuell, 2013, for a review of promising interventions).

Unique Risks Faced by Dually Identified Youths

To date, some studies have managed to gather data on DI youths from both organizations in which they have involvement. Those studies that have examined DI youths found concerning patterns. For example, children who were older at the time of their first out-of-home placement, who were placed in congregate care, who were in foster care for longer periods, or who had a high number of placements, are at an increased risk for delinquency and tend to become involved in delinquency sooner than otherwise similar children (Cutuli et al., 2016). The majority of youths with both CPS and JJS involvement have academic and behavioral problems, with many involved in special education programs (Halemba et al., 2004), and also have substance abuse disorders and/or mental health diagnoses (Halemba et al., 2004; Herz & Ryan, 2008). DI youths usually face turmoil at home as well, with parents who have criminal records, mental health concerns, and/or substance abuse disorders (Halemba et al., 2004). Additionally, many of them have witnessed domestic violence (Halemba et al., 2004), which is known to be linked to several risks for poor outcomes (Kitzmann, Gaylord, Holt, & Kenny, 2003). Challenges such as these must be addressed to ensure that juveniles have the most propitious circumstances possible.

Although it is important to understand the challenges that DI youths face, few studies have examined how DI youths differ from those formally involved in only one system and can be categorized as delinquent-only (D-O). This comparison is a necessary step if we are to understand not only the challenges DI youths face but also how these challenges are compounded by their involvement in both systems compared to maltreatment or delinquency in isolation. Those studies that have compared youths in this manner have found several concerning patterns. For example, DI juveniles often begin delinquent behavior at a younger age (Halemba & Siegel, 2011), and their offenses are more commonly violent than are the crimes of D-O juveniles (Dannerbeck & Yan, 2011; U.S. Department of Justice, 1997). These patterns suggest that there are higher risks to DI youths than to those who are involved in only delinquency, but this population warrants further research to gain an understanding of these risks and challenges.

One noteworthy risk area is that of household income. There is a wealth of research regarding the links between socioeconomic status and maltreatment (Drake & Jonson-Reid, 2014; Drake & Pandey, 1996; Jarjoura, Triplett, & Brinker, 2002). Additionally, there may be an exacerbating

effect of poverty on a maltreated youth's delinquency. Indeed, Vidal et al. (2017) found that youths with maltreatment history were more likely to have juvenile justice involvement when the household was in poverty. Therefore, socioeconomic status is an important variable to consider in studying this population.

Additionally, DI youths, regardless of ethnicity, tend to have higher rates of mental illness than those involved with only juvenile justice (Halemba et al., 2004; Herz & Ryan, 2008). Because mental illness is considered to be an indicator of risk (though not a risk factor by itself; McCormick, Peterson-Badali, & Skilling, 2015), mental illness must be accounted for in this type of research to better understand this population's challenges.

Hispanic Juveniles

Although past studies have accumulated a body of information regarding DI youths, important gaps in knowledge remain. For example, there is growing need to understand how ethnicity may relate to what DI youths experience. Specifically, Hispanics are the fastest-growing ethnic minority in the U.S. (U.S. Department of Commerce, 2011). Correspondingly, Hispanic adolescents are the fastest growing ethnic group within the juvenile justice system (Pew Research Center, 2011; Schuck, Lersch, & Verrill, 2004). This pattern is likely to continue, as the proportion of Hispanic youths in the U.S. is expected to increase to 37 percent by 2030 (Sickmund & Puzanchera, 2014). Therefore, there is impetus to study the unique needs of and challenges to Hispanic youths, given sociocultural idiosyncrasies that may affect their involvement in youth services (Schuck et al., 2004).

In 2013, there were 18.6 million first-generation Hispanics in the U.S. (U.S. Department of Commerce, 2016). As such, Hispanic youths more commonly face language barriers and acculturation and immigration challenges than do other ethnic minorities in the U.S. (e.g., African Americans; Schuck et al., 2004). Additionally, Hispanic youths are at risk in several areas that may affect both maltreatment and delinquency. Hispanic youths are more likely than youths of other backgrounds to witness domestic violence (Crouch et al., 2000). This experience is often related to the adults' substance use (Leonard, 2001; Stuart, Moore, Ramsey, & Kahler, 2003). The poverty rate among Hispanics is higher than among non-Hispanic European Americans (DeNavas-Walt, Proctor, & Smith, 2013; Macartney, Bishaw, & Fontenot, 2013). Hispanic youths are more likely than non-European American youths to come from a single-parent household (Sickmund & Puzanchera, 2014). A national study found that Hispanic male youths were the most likely demographic to have carried a weapon to high school in the preceding 30 days (8.8%) and were the most likely to have been threatened or injured with a weapon at school (12.1%; Sickmund & Puzanchera, 2014). Additionally, it is known that Hispanic youths have the highest proportion of gang involvement of all races or ethnicities; as of 2008, 50 percent of all youth gang members were Hispanic (Sickmund & Puzanchera, 2014). Furthermore, substance use among Hispanic youths appears to be higher than among non-Hispanic youths; Johnston et al. (2010) found that Hispanic youths report the highest rates of substance use and exposure to substances in high school, compared to other races or ethnicities. These concerning patterns indicate that ethnicity is important to consider in research about juvenile delinquents and particularly among those delinquents who also have a history of maltreatment (see Vidal et al., 2017).

Aside from the behaviors that may exist before system involvement, there are several concerning findings regarding Hispanic DI youths after arrest. Both maltreatment history and ethnicity appear to be risk factors for being held in the detention facility following arrest (analogous to jail for adults). Youths with maltreatment histories who are arrested commonly report at least briefly being held in the detention facility before release (Courtney, Terao, & Bost, 2004). Furthermore, it is more common for children in foster care to be held in detention when arrested than it is for youths who are not in foster care (Conger & Ross, 2001), suggesting that DI youths would be at an increased risk of detention. Aside from maltreatment's role in detention, Hispanic youths are detained at higher rates than are any other race or ethnicity (Armstrong & Rodriguez, 2005). If these patterns mean that maltreated Hispanic youths face higher rates of detention, then they are troubling, as there are multiple negative consequences of detention, including increased recidivism, exacerbation of mental illness symptoms, and increasing academic problems (Holman & Zeidenburg, 2013).

Incarceration in a secure juvenile correctional facility is the severest restriction a court may place on a juvenile. Although few studies to date have explicitly examined ethnicity-based differences among DI youths and D-O youths in incarceration rates, Jonson-Reid and Barth (2000a, 2000b) found that Hispanic youths were more likely to be incarcerated following child welfare agency service involvement than Caucasian youths (among youths who were reunited after the first interaction with CPS). In light of these risks to Hispanic youths, and the consequences of maltreatment, it is clear that DI Hispanic youths warrant further empirical attention.

Research on Hispanic youths suggests that they face unique challenges. However, these challenges are not consistently found among youths involved in delinquency. For example, although Hispanic youths report more exposure to and use of substances than do youths of other ethnicities, Hispanic youths involved in delinquency were less likely to report a substance use disorder than were youths from other backgrounds (Teplin et al., 2002; Underwood & Washington, 2016). Higher exposure to substances would presumably correlate with symptoms of substance use, but this does not appear to be the case among Hispanic youths with delinquency. This pattern is further noteworthy because DI youths generally have higher incidence of substance abuse and mental illness than their D-O peers (Halemba et al., 2004; Herz & Ryan, 2008). Because Hispanic youths have more substance use and exposure than do youths from other backgrounds, and DI youths have more substance use than D-O youths, it is worth exploring whether Hispanic DI youths are more likely to have substance use problems than are Hispanic D-O youths, who generally report fewer substance use symptoms.

Additionally, although youths with delinquency, regardless of ethnicity or race, tend to have high rates of mental illness (Teplin et al., 2002), researchers have found that Hispanic youths involved in delinquency were less likely to report a behavioral disorder but more likely to have an anxiety disorder than were non-Hispanic European Americans with delinquency involvement (Teplin et al., 2002). It is, therefore, surprising that more recent research on low-risk Hispanics with delinquency found relatively low rates of anxiety disorders (Kang et al., 2017), although the disparity may be due to the relative level of risk.

Given the unique challenges of Hispanic youths generally, but the counterintuitive patterns found among Hispanic youths with delinquency involvement, it is important to further examine what patterns exist among Hispanic youths who are involved in both delinquency and who have a history of maltreatment (DI). Such youths presumably face more challenges than their D-O peers, but in what areas and to what degree are not yet known.

Theoretical Framework

According to the social development model of juvenile delinquency (Hawkins & Weis, 1985), children learn either prosocial or antisocial values from the social unit to which they are most firmly bonded (Catalano et al., 1996). These social units may consist of the immediate family, peer groups, and so on. The social development model appears relevant to crossover youths because the child's parent or caregiver perpetrates the majority (approximately 82 percent; Gilbert et al., 2009) of child maltreatment. Children who have been maltreated may be less likely to be firmly bonded to their caregivers (Perry, 2013). The absence of a strong and prosocial parental bond, in turn, may open these children to the influence of delinquent peers (Warr, 1993). Certainly, many youths engage in delinquency despite strong familial bonds, but the social development model would predict that bonds to caregivers would serve as protective factors from antisocial peers (Catalano et al., 1996). Crossover youths likely lack some of the protective factors that youths with only delinquent behaviors do not. Therefore, interventions from youth services and juvenile justice may best serve DI youths by simultaneously and collaboratively reducing risks and working to strengthen family cohesion.

Current Study

Due to the dearth of literature regarding crossover Hispanic youths, there is a need to explore whether and how they may differ from Hispanic youths who are involved in only delinquency. To this end, this research sought to compare Hispanic DI youths to Hispanic D-O youths across variables that are indicative of or associated with general risk for negative outcomes (described below). Given previous findings on the crossover population, it appears likely that the added risks associated therewith also exacerbate the risks that Hispanic juveniles generally face. In other words, because Hispanic youths face many risks of violence, gang involvement, substance use, and familial discord generally (noted above), they are likely compounded by dual involvement in the child maltreatment and juvenile justice systems, relative to involvement in only the juvenile justice system.

The current study had two specific goals: (1) to explore what recorded risk factors or indicators of risk for negative youth outcomes, if any, are faced more frequently among Hispanic DI youths than among Hispanic D-O youths; and (2) to determine whether Hispanic DI youths face more of these recorded risk-related variables simultaneously than do Hispanic D-O youths, on average. We emphasize that this article seeks to understand youths' general areas of concern for negative youth outcomes (which are described below) rather than specifically maltreatment or delinquency-related risk areas, such as the number of maltreatment incidents or severity of crimes committed. Whereas such topics are certainly worthy of study, the purpose of this study is to draw attention to issues that may not be readily apparent to the CPS and JJS agencies when a crossover juvenile is identified.

In light of the literature noted above, we had several hypotheses. We expected to find more of the presumably younger DI juveniles than the D-O juveniles among this study's sample. Also, we expected to find that the DI youths in this study's sample came from households of lower income and had higher rates of mental illness overall than did the Hispanic D-O youths in this study's sample. We hypothesized that we would find relatively high rates of substance use reported among this study's sample, compared to national averages. However, because the social development model suggests that risky behaviors, such as substance use, may result in part from weakened bonds with caregivers (the likely perpetrators of maltreatment), we hypothesized that the DI youths would have significantly higher rates of substance use than would D-O youths. Regarding the influence of antisocial peer groups, we expected to find gang involvement more frequently reported among the Hispanic DI youths than among the Hispanic D-O youths. Additionally, researchers hypothesized that Hispanic DI youths would have a greater number of close adult associates (e.g., family members or guardians) who have had gang involvement, substance abuse histories, and some adult incidence of legal involvement than would the Hispanic D-O youths.

In addition to the variables that likely precede dual involvement, we hypothesized several group-related differences in areas that occur after the JJS and CPS become involved. We expected that the Hispanic DI youths would more frequently have poor JJS supervision outcomes than would the D-O youths. Furthermore, we expected that Hispanic DI youths would be more likely to be detained, and held longer, than Hispanic D-O youths. Finally, in addition to exploring differences in these hypothesized characteristics, researchers suspected that DI youths would generally face a greater combination of the risk-related variables than would D-O juveniles.

METHODS

We proposed this research to both the El Paso County Juvenile Probation Department (EPJPD) in El Paso, Texas, and the Texas Division of Family and Protective Services (DFPS), of which CPS is a part. Both agencies were receptive to the proposal and invited us to make a formal request. For EPJPD, this formal request included the primary author appearing before a panel of judges and all EPJPD administrative staff at a meeting where the group discusses the business of the department. The panel heard the proposal, posed questions, and unanimously approved the project. Before the data were formally requested, the project was also submitted to the internal review board of The University of Texas at El Paso (data were collected before any changes in affiliation). The project passed the review. Data were delivered to us as detailed in those research proposals (more description below).

Participants

Youths included in this dataset were the 300 most recently adjudicated (formally charged and found guilty) juveniles within the jurisdiction of the El Paso County Juvenile Probation Department, as of December 16, 2013. Using the probation department's race and ethnicity categories, researchers identified most of the sample as Hispanic ($n = 255$, 85.0%), which is approximately equal to the proportion of El Paso County's Hispanic population in 2012 (U.S. Census Bureau, 2013). The analyses excluded all non-Hispanic youths ($n = 45$). Thirty-seven (14.5%) of the Hispanic juveniles were DI. There were 55 Hispanic females in the sample, 11 (20.0%) of whom were DI.

We defined mental illness as having a diagnosed psychiatric disorder using criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV). Agency records indicated whether criteria were met. All youths involved with EPJPD undergo mental health screenings during their intake process by completing the Massachusetts Youth Screening Inventory-Second Version (MAYSI-2; Grisso & Barnum, 2006) to identify youths with potential mental health concerns (see Eno Loudon et al., 2017, for information regarding the utility of the MAYSI-2 with Hispanic juvenile offenders). Those youths who are flagged with concerns by the instrument are referred for more thorough assessment with a licensed mental health professional. Thus, researchers obtained the diagnoses included in the present dataset either from these screening and diagnostic procedures or from previous records given to juvenile probation officers by the juvenile's guardian. Substance use disorders and behavioral disorders such as conduct disorder and oppositional defiant disorder were not included as indicators of mental illness.

Procedure

EPJPD provided data on the following variables from its electronic and paper files: basic demographic information such as age, gender, and ethnicity; and information gathered from their intake interviews and record keeping, including (a) whether the juvenile was detained, (b) the length of detention, (c) any known mental health diagnoses, (d) any history of substance use, (e) whether the juvenile had a court-appointed attorney, (f) whether the juvenile had any known gang affiliation, and (g) whether the juvenile had a close relative with any known criminal record, substance use history, or gang affiliation.

In cooperation with EPJPD, we then provided the names and dates of birth of these 300 juveniles to the DFPS through an encrypted e-mail service. DFPS staff members cross-matched the data we provided with their database to identify which of the 300 juveniles had any validated history of maltreatment. In this study, a "validated" history means that DFPS (a) investigated an allegation of abuse or neglect, (b) found a preponderance of evidence that the allegations were founded, and (c) made some formal intervention. Juveniles were first identified using their names and birthdates. In cases where it could not be determined if DFPS had records on the same youth as did EPJPD (due to common names or discrepant birthdates), the last four digits of the juvenile's social security number were used to confirm the identification (with the permission of EPJPD).

Through the encrypted e-mail service, DFPS then provided data on the following variables from the DFPS electronic and paper records for these cases: (a) general demographic information (as a simple check for inconsistencies, especially regarding ethnicity on record), (b) the dates of DFPS involvement, (c) the types of maltreatment indicated (i.e., sexual, emotional, or physical abuse; medical or physical neglect; abandonment; lack of parental supervision; or refusal to accept parental responsibility), (d) the disposition of the DFPS involvement (e.g., out-of-home placement), if any, and (e) the type and length thereof.

We calculated a risk score for each juvenile by combining counts of the presence of gang involvement, substance use, mental illness, a court-appointed attorney (as a proxy for socioeconomic status; see Bright, 2010), and having a family member with substance abuse history, gang involvement, or criminal history (individually). Thus, each juvenile's calculated

number of combined risk factors was between 0 and 7. This number allowed researchers to gain a better understanding of differences between DI and D-O youths, because even if DI status does not increase the likelihood of substance use, for example, it may be that DI status does include a higher likelihood of combinations of risk factors.

RESULTS

The analyses of primary interest made comparisons between Hispanic youths with both delinquency and a validated CPS history (DI) and those without the CPS involvement (D-O). Due to the size of this study's sample, and based on McDonald's (2014) recommendation, Fisher's exact test was used for nonparametric two-by-two analyses, unless otherwise noted. Table 1 displays these comparisons.

Likelihood of Risk Factors

Hispanic DI youths averaged 15.08 ($SD = 1.40$) years old, which was significantly younger than D-O Hispanic youths, who averaged 15.50 ($SD = 1.44$) years old, one-tailed $t [253] = 1.66, p = .10$. DI juveniles were also more likely to have a court-appointed attorney (Table 1).

Researchers found that 63.9 percent of Hispanic DI youths and 40.4 percent of Hispanic D-O youths had a mental health diagnosis. The difference in proportions was significant. Not all diagnoses were named in the database, but of those that were, the most frequently reported was a mood disorder.

There was no apparent relationship between a Hispanic juvenile's substance use history and his or her dual-involvement status. There was a trend for Hispanic DI juveniles to be more likely to report gang involvement than the Hispanic D-O juveniles, but this trend failed to reach statistical significance, $p = .06$, OR 2.76).

Hispanic DI youths were no more likely than Hispanic D-O youths to have a family member or guardian who used substances or had gang affiliation. However, Hispanic DI youths were more likely to have a close adult associate with a past record of criminal justice involvement, $N = 255, p = .012$, OR 2.53, 95% CI [1.22, 5.23].

Hispanic DI youths were no more likely to have been detained at the probation facility than were Hispanic D-O youths ($p = .64$). Additionally, the length of time spent in detention was not significantly different between DI and D-O Hispanic youths, $t(54) = .55, p = .59$. Although 46 Hispanic juveniles were held at the facility after their arrests, the length of their stays varied considerably, between 1 and 157 days ($M = 24.53, SD = 30.63$).

Table 1
Comparisons of Dually Identified Youth and Youth Involved in Juvenile Justice Only

Variable	Category	Hispanic Juveniles		<i>p</i> Fisher's Exact Test
		Dually Identified <i>n</i> (%)	Delinquent Only <i>n</i> (%)	
Sex	Male	26 (70.0)	174 (79.8)	.199
	Female	11 (29.7)	44 (20.2)	
Court-Appointed Attorney	Yes	37 (100.0)	188 (86.2)	.011
	No	0 (0.0)	30 (13.8)	
Mental Health	Yes	23 (63.9)	82 (40.4)	.011
	No	13 (36.1)	121 (59.6)	
Substance Abuse	Yes	21 (56.8)	98 (45.0)	.214
	No	16 (43.2)	120 (55.0)	
Gang Involvement	Yes	7 (18.9)	17 (7.8)	.060
	No	30 (81.0)	201 (92.2)	
Detained at Arrest	Yes	5 (14.7)	41 (17.9)	.643
	No	32 (85.3)	177 (82.1)	
Family Substance Abuse	Yes	7 (18.9)	22 (10.1)	.156
	No	30 (81.1)	196 (89.9)	
Family Gang Involved	Yes	2 (5.4)	5 (2.3)	.269
	No	35 (94.6)	213 (97.7)	
Family with Criminal History	Yes	24 (64.9)	92 (42.2)	.012
	No	13 (35.1)	126 (57.8)	
Supervision Outcome	Successful	10 (52.6)	50 (56.8)	.802
	Unsuccessful	9 (47.4)	38 (43.2)	

Note. Bolded numbers indicate significance at the .05 level or lower. The Mental Health and Supervision Outcome numbers do not sum to 255 because some juveniles' status was unknown or in an irrelevant category for comparisons on these variables.

Juveniles whose judgments were modified were not included in the analysis of outcomes because the reasons for the modification (e.g., noncompliance, mitigating circumstances, etc.) were not included in the dataset and, therefore, could not be accounted. Juveniles whose whereabouts were unknown ($n = 2$) during supervision were not included in outcome analyses. Following these exclusions, supervision outcome (i.e., successful versus unsuccessful) did not differ based on dual-involvement status. This study's sample showed 22.9 percent of D-O youths and 27.0 percent of DI youths had successful supervision outcomes, but for both groups, approximately half of

juveniles' supervision outcomes were not yet determined as of the date of data collection (59.6% of D-O and 48.6% of DI juveniles).

Combined Risk Scores

For this study's calculated risk score, five of the juveniles in the sample had no record of any of the seven factors that made up the combined risk score. Another five juveniles reported six of the risk factors. No juvenile had all seven risk factors as defined in this study. Mean comparisons demonstrated that Hispanic DI juveniles faced more of the recorded risk factors on average ($M = 3.3$, $SD = 1.2$) than did Hispanic D-O juveniles ($M = 2.4$, $SD = 1.2$), $t(236) = 4.40$, $p < .001$, $d = .79$, 95% CI for mean difference [.51, 1.3]. In other words, Hispanic DI juveniles, on average, faced about one more of the indicators of risk than did Hispanic D-O juveniles.

DISCUSSION

Whereas a small number of earlier studies has compared DI youths with youths who were not dually-identified (D-O), the present study is the first to focus on Hispanic youths. We found that Hispanic youths shared many of the same challenges that are found in previous research among other ethnicities, with some notable exceptions. To summarize, DI and D-O Hispanic youths were not different in regard to the presence of gang involvement (although there was a trend), substance use, detainment or the length thereof, familial substance use, or familial gang involvement. However, these youths did differ in the proportion who faced mental health problems, the use of court-appointed attorneys (which is a proxy for comparatively lower household income), and having a family member with a criminal history. Finally, DI youths faced more of these challenges simultaneously than did their D-O counterparts. These findings require further examination in light of what other research suggests about the region and Hispanic population.

Gang Involvement

No differences were found in regard to gang involvement between DI and D-O Hispanic youths, although there was a trend. Previous studies do not appear to have examined gang involvement explicitly; however, the fact that researchers found no differences, despite a theoretical basis for finding higher gang involvement among DI juveniles, warrants explanation. One possibility is that there are differences in ethnicities' likelihood to be gang-involved regardless of delinquency or maltreatment. Indeed, past research found that coming from a Spanish-speaking home and being of Hispanic background partially predicted gang involvement (Krohn et al., 2011). Additionally, the National Youth Gang Survey from 2011 (National Gang Center, n.d.) reported that Hispanics have the highest percentage of gang involvement (46.2%) compared to African Americans (35.3%) and European Americans (11.5%; all other ethnicities at 7%). The fact that Hispanic youths are more frequently involved in gangs compared to youths of other ethnicities may explain why this study did not find dual involvement associated with gang membership. In other words, gang membership among Hispanics is normally high compared to youths of other backgrounds, so perhaps dual involvement is not an additional predictor of gang membership or vice versa. However, because our sample contained relatively few non-Hispanic youths, we were unable to assess for ethnicity-based differences in gang involvement for the region using the same methodology. Additionally, it may be that youths who had recently been arrested were less likely

to report gang affiliations to the probation department, thus limiting any inferences that can be drawn.

Alternatively, there may be relatively low gang activity in El Paso County, resulting in a floor effect. In other words, it may be that gang activity is already so low in the area that we were unable to distinguish between youths based on gang activity. However, this possibility appears unlikely, as a report from near the time these data were collected found that El Paso's gang activity was as high as any other area in the rest of the state (Texas Department of Public Safety, 2014). The report does not differentiate juveniles from adults, but overall, suggests a high level of gang activity in the El Paso area. Further research on the role of gangs among Hispanic DI and D-O youths may offer more insight into how maltreatment and delinquency are related to gang involvement.

Substance Use

Our hypothesis of higher substance use in DI youths was not supported by the data, but this too may be attributable to differences in the groups' likelihood to have substance use regardless of maltreatment or delinquency. The Monitoring the Future study (Johnston et al., 2010) found that Hispanic students have the highest reported rates of any illicit drug use. Indeed, within the Hispanic youths in the dataset, 46.7 percent ($n = 119$) reported the use of substances, which is similar to the rates reported in other studies of juvenile offenders (U.S. Department of Justice, 2006). It follows that if Hispanics are likely to have higher instances of substance use during adolescence than are youths of other ethnicities, rates of substance use for DI youths may not be significantly different from that of the D-O youths. Indeed, one study of youths living on the U.S.-Mexico border found generally higher rates of alcohol use among their sample than are found among national and state rates (McKinnon et al., 2004). Additionally, higher base rates of substance use among Hispanics may explain why there was no difference between DI and D-O Hispanic juveniles in likelihood of having a parent with substance use history (Wallisch & Spence, 2006).

Another societal trend that may help to account for the nondifference researchers found in their sample for substance use is perceptions of marijuana, as its medicinal and recreational use has been legalized in several states. Johnston et al. (2010) found that high school students reported marijuana as the easiest illicit substance to obtain and that, aside from alcohol and nicotine, it is the most frequently used substance among high school students. Additionally, a national survey of high school students found that their perceptions of marijuana's harmfulness has decreased significantly since 1991 (Keyes et al., 2016; also see Johnston et al., 2010). However, this decrease in the perceived harmfulness of marijuana does not appear to be accompanied by increased use of marijuana (Lyne-Landsman, Livingston, & Wagenaar, 2013). Still, although European American youths overtake Hispanic youths in the rates of marijuana use by the end of high school, Hispanics appear to start using it earlier than youths of any other ethnicity (Johnston et al., 2010). Although this study's data did not contain information about what type of substance each juvenile used, it may be that the generally high use of substances such as marijuana among Hispanic youths diminished the effect that the DI status had upon substance use. Indeed, a higher proportion of DI than D-O Hispanic youths reported substance use (56.8% versus 45.0%), but the analysis found that with this sample size, the difference was not meaningful. Future research may revisit the

relationship between dual-involvement and substance use among Hispanic youths to further shed light on the cultural perceptions of use of certain types of drugs.

Detainment and Supervision Outcome

There were no differences between DI and D-O youths in regard to whether they were detained, the length of detainment, or supervision outcomes. However, this finding may also be due to baseline detainment among Hispanic youths. Rodriguez (2010) found that Hispanic delinquents were 1.24 times more likely to be detained than were European American delinquents. Additionally, a large national study found that Hispanic youths were more likely than any other ethnicity to be held under locked arrangements following arrest (Snyder & Sickmund, 2006). This may explain the lack of difference in our study's DI population in terms of length of detainment, in that Hispanics as a whole tend to be detained for longer time periods. The reasons for this phenomenon remain elusive. However, there have been numerous studies indicating significant levels of racial bias in the juvenile justice system that result in longer detainments of minorities (U.S. Department of Justice, 2002; Rodriguez, 2010; Shook and Goodkind, 2009). Factors related to this or other sociocultural variables specific to Hispanics may influence detainment decisions within the JJS with a stronger effect than that of dual involvement. In any case, more in-depth research regarding detention and the reasons for it may be warranted. For example, we were unable to control for the type of offense committed, which may also influence detainment.

There are few studies on probation outcomes in juveniles and even fewer involving breakdowns by ethnicity. It is perhaps hopeful that we found DI Hispanic youths were not significantly less likely to successfully complete supervision than were D-O youths. However, success rates were near 50 percent, which is an unfortunate finding, especially if supervision failure leads to deeper involvement within the JJS. Future research may seek to better understand this aspect of juvenile delinquent behavior, especially within Hispanic populations.

Mental Illness, Socioeconomic Status, and Delinquency

This study's data showed that DI Hispanic juveniles were more likely to have a mental illness than were the D-O juveniles. This finding supports previous research among other DI populations (Halemba et al., 2004; Herz & Ryan, 2008), but the causes of this pattern deserve deeper discussion.

Mental illness, maltreatment, and delinquency. Due to the complex relationship between mental health and risk factors for criminality, it may be that the delinquent acts committed by these juveniles are associated with mental illness primarily through other criminogenic risk factors. Mental illness by itself is only rarely the cause of crime (Peterson et al., 2010) and, perhaps, more of an indicator of risk (McCormick, Peterson-Badali, & Skilling, 2015). This fact may best explain the relatively high rates of mental illness found among youths who are involved in delinquency (Kang et al., 2018). However, as researchers of this study found that mental illness was higher among the DI youths in this sample, there appears to be an additional relationship of maltreatment to mental health.

Whether mental illness is a result of or precursor to maltreatment for DI youths is not clear. For example, it has been found previously that children with disabilities, such as some mental illnesses,

are more likely to be maltreated by adults than are children without disabilities (Sullivan & Knutson, 2000). This fact may partially explain why more DI juveniles are diagnosed with mental illnesses. That is, they may have been targeted for abuse because of their mental illness, therefore leading to involvement in agencies serving maltreated children. However, other variables must also be considered.

Mental health is linked to substance use (Kandel et al., 1999), which, as noted above, appears to be higher among Hispanic youths in general. Mental health is also linked to poverty (Draine et al., 2002; Patel et al., 2010), by which Hispanic families are disproportionately affected (DeNavas-Walt et al., 2013; Macartney et al., 2013). Both substance use and mental health are linked to criminal or delinquent behavior (Elliott, Huizinga, & Menard, 1989). It is not possible with these data to infer whether mental illness resulted from or led to maltreatment, as it may be that the higher proportion of mental health diagnoses among this study's DI juveniles is a product of their higher combination of risks rather than some direct link between mental illness and maltreatment. In any case, it is reasonable to conclude that DI youths have complex needs due in part to their mental health.

Maltreatment and socioeconomic status. All DI juveniles in this study's sample were appointed attorneys by the court. Although this fact is not conclusively the result of poverty, it suggests generally lower income among DI juveniles' households, compared to D-O youths who were more likely to employ a private attorney. Previous research found that maltreated youths are more likely to come from impoverished homes (see McGuinness & Schneider, 2007, for a review), as are delinquent youths (Jarjoura, Triplett, & Brinker, 2002). These researchers' findings may suggest that youths who fit into both of these populations are even more likely than D-O youths to come from lower socioeconomic circumstances. This is a concerning possibility because low socioeconomic status is associated with (in addition to child maltreatment and delinquency) peer aggression and community violence, which may further contribute to dual-involvement (Garbarino 1999). Additionally, if DI youths come from families with fewer financial resources, they may also receive inadequate legal representation (Bright, 2010), which, in turn, may lead to deeper involvement within the JJS. The relationships between mental illness, poverty, substance use, and delinquency are complex and will be addressed further in sections below.

Family Member With Criminal History

There is a wealth of literature that links familial criminal history with delinquency. Past research finds criminal offenders are highly concentrated in families (Farrington et al., 2001). Delinquent boys' family histories revealed that out of 1,349 boys, 91 percent had at least one other family member who had been convicted of a crime (note that several more may have been charged but not convicted). In fact, the most important predictor of delinquency was an arrest of the boy's father; nearly one quarter of all delinquent boys reported fathers with at least one criminal conviction. Within this study's sample, it is not surprising that 42.2 percent of all juveniles with delinquency, DI and D-O, had at least one family member with a criminal history.

However, the fact that a significantly higher proportion of DI youths had a family member with a criminal history, compared to D-O youths, is highly concerning. Nearly two-thirds of DI youths (65.3 percent) in this study's sample had a family member with a criminal history. This is not an

unusual or unexpected finding, as research finds that maltreatment of children is often perpetrated by the children's parents (91.4%; U.S. Department of Health and Human Services, 2015), and child abusers tend to have histories of disciplinary problems, property destruction, violence, and increased lifetime rates of antisocial personality disorder (Dinwiddie & Bucholz, 1993). Each of these characteristics would associate with criminal histories. These data were unable to specify which family member had the criminal history (or who the maltreatment perpetrator was, if a family member), but there remains the unsettling implication that DI youths face serious challenges beyond what D-O children face in their familial environments.

Combined Risk

Perhaps this study's most concerning finding is that Hispanic DI juveniles face, on average, one more of these risk factors and indicators of risk simultaneously than do Hispanic D-O juveniles. Many of these areas likely relate to each other and may even share common causes. For example, parental substance use may relate to domestic violence (Leonard, 2001; Stuart et al., 2003). Witnessing domestic violence has been linked to several psychological disorders in addition to social and academic problems (Kitzmann et al., 2003), which may further lead to other concerning behaviors. Whereas in isolation, any one of the risk-related areas this study included may be dealt with in a variety of ways, their combination may indeed prove challenging to not only the youths, but the government officials charged with interventions. However, before offering recommendations, it is necessary to acknowledge this study's limitations.

Limitations

Several limitations to this research must be borne in mind when making interpretations. A common difficulty in ethnicity-related research is that, although an individual may fit within the Hispanic definition, this group is heterogeneous. This research could not differentiate between youths who were of Mexican descent as opposed to Puerto Rican, Cuban, South or Central American, and so on. Because the sample resided near the Mexico border, and the majority of U.S. Hispanics identify as being of Mexican origin (U.S. Department of Commerce, 2011), the majority of this sample was likely of Mexican descent. In any case, it may be valuable to account for origin in future studies. Additionally, we were unable to assess for acculturation, or the degree of identification with mainstream or ethnic culture, among these juveniles. Acculturation is known to affect psychological assessment (Okazaki & Sue, 1995) and may also be related to other variables such as substance use, academic performance, and others (Lara et al., 2005).

A further limitation is that this study's analyses depended upon the data as they were collected and entered by these agencies. If there were any systematic problems with how these records were collected or entered, they certainly affected this study's analyses. For example, Ricks & Eno Loudon (2015) found that Hispanic adults were less likely to be identified with a mental illness in prison than were prisoners of other ethnicities. If also true of Hispanic juveniles in probation settings, this could not be taken into account for this study's analyses. Future exploration of these issues should strive to verify data through direct questioning of participants where possible.

Furthermore, this study's sample was limited to adjudicated youths and, therefore, does not include youths who participated in alternative programs, such as a diversion program. The sample also does not include youths involved in the JJS who have an undocumented or unsubstantiated history

of maltreatment. Due to underreporting, there are likely some such juveniles within this study's sample (Finkelhor, 2014; Gilbert, Kemp, et al., 2009). Therefore, this study's findings may not be applicable to all crossover youths or to delinquent but non-adjudicated youths.

Another limitation to this study is that we counted static (stable) risk factors only, rather than dynamic (changeable), and that we did not use a formal risk assessment measure. We emphasize that their combined risk score is in no way intended to indicate juveniles' likelihood for recidivism or future violence or drug use, but it was calculated merely to gain a broad understanding of the challenges that these youths face. Relatedly, this study addressed only risk-related factors and did not take into account protective factors, which may explain why we found nonsignificant differences in outcomes.

Finally, because these data were archival, there were limitations to how these variables could be examined. Whereas it would have been preferable to use, for example, annual household income as the measure for poverty, this study's data included no information about income. Researchers chose the use of court-appointed attorneys as a proxy for generally lower income, but this must be interpreted with caution, as there are many income levels that would choose a court-appointed attorney, so that the use of a binary variable loses specificity.

These limitations notwithstanding, this research is a valuable step towards identifying the unique circumstances of Hispanic juvenile populations. The differences found here provide a foundation for future research of DI Hispanic youths, a population that continues to grow in the United States and its legal system. To best serve these juveniles and their families, those tasked with interventions must be aware of this group's unique circumstances to make informed decisions.

Implications

This research indicates that a history of maltreatment and juvenile delinquency is associated with more challenges than a history of delinquency alone in a sample of primarily Hispanic juveniles with documented delinquency. Hispanic youths tend to already have more exposure to gang involvement, substance use, and poverty than the average ethnic majority (European American) child, and therefore are arguably at higher risk of involvement with legal systems. This is particularly concerning in light of research that suggests the more involvement a young person has with the judicial system, the more likely that person is to die young (Aalsma et al., 2016). Regardless of the causal relationships among mental illness, poverty, substance use, delinquency, and family criminality, it is apparent from this study's data that DI Hispanic youths require special interventions. Because DI youths face a greater number of challenges than do D-O youths, and these may be intrapersonal, familial, and/or societal, there are numerous implications for prevention and intervention.

First, by increasing communication with agencies involved in child protection, juvenile justice agencies may properly identify crossover youths. Failure to identify a youth as crossover can be problematic, as interventions from CPS and the JJS may be uncoordinated and possibly add needlessly burdensome requirements to the family unit. Such additional stressors are likely to interfere with either agency's efforts to benefit the youth's immediate circumstances and the family's long-term functioning. Communication to properly identify DI youths will allow initial

and continued coordination of interventions, so that the family's circumstances can be approached in a more holistic manner. Wiig and Tuell (2013) make specific recommendations for agencies desiring better integration of communication between CPS and the JJS, and thus we will not repeat those recommendations here.

Secondly, regardless of DI status, interventions from state agencies must consider the cultural, socioeconomic, and other demographic factors that may inform assessment and case work with Hispanics. For example, although DI youths generally have higher rates of substance use than do D-O youths, we did not find this difference among Hispanic youths. The DI status did not appear to be related to the proportion of Hispanic youths who used substances. Therefore, agency interventions may consider approaching substance use as a general issue of concern and not necessarily one related to dual-involvement. Approaching substance use through cultural lenses may be especially beneficial. One model of culturally sensitive drug use prevention suggests that the role of peers in one's substance use may be larger among Hispanics than among African Americans, for example (Resnicow et al., 2000). Additionally, a study on the role of culture in substance use found among Hispanics that familism (the notion that personal interests are secondary to family interests) is associated with lower risk of substance use, whereas machismo (an exaggerated masculinity) was associated with higher risk thereof (Unger et al., 2002). Therefore, cultural idiosyncrasies appear to be important to the treatment and prevention of substance use, perhaps regardless of the juvenile's dual-involvement.

Third, we emphasize the importance of focusing on family-based interventions, wherever possible. The social development model suggests that stronger bonds with family members can serve a protective function against delinquency (Catalano et al., 1996). Given that the majority of child maltreatment is perpetrated by a family member (Gilbert, Spatz Widom et al., 2009), this recommendation may be particularly challenging for DI youth. However, given the relatively high levels of familism among Hispanics (Landale, Oropesa, & Bradatan, 2006), there may be more opportunity for family bonds, perhaps including extended family members.

On a similar note, because we found that DI Hispanic youths were more likely to have a mental health diagnosis than were D-O Hispanic youths, mental health treatment is likely to be a need found more frequently among DI Hispanic youths. Mental health intervention for youths with delinquency is of vital importance for many reasons (Skowrya & Coccozza, 2007). Combined with the high levels of familism among Hispanics, therapeutic interventions that incorporate the family, and perhaps other social supports, may prove to be most beneficial to DI Hispanic youth families (although see Pabon, 1998, for caveats). For example, family functional therapy (Alexander et al., 2013) and multisystemic therapy (Schaeffer & Borduin, 2005) may prove especially effective. Additionally, brief strategic family therapy has been specifically found to be effective with Hispanic families (Santisteban et al., 2003).

CONCLUSION

Juvenile justice agencies seek to improve the outcomes for all youths involved in delinquency, regardless of maltreatment history. Therefore, improving policies regarding DI youths will not necessarily change the goals of juvenile justice but should assist in better understanding the risks

and needs of these juveniles. There remains a great need for more research within this population. Findings from this study suggest the need for further examination of DI youths with a variety of cultural backgrounds across a number of geographical areas. This population of DI youths can be difficult to identify and study but, nonetheless, needs support and understanding so that concerned individuals can develop better preventive measures, design effective treatments and interventions, improve outcomes, and prevent recidivism.

ABOUT THE AUTHOR

Elijah P. Ricks earned his M.A. in clinical psychology from the University of Colorado, Colorado Springs, and his Ph.D. in general psychology with a legal emphasis at The University of Texas at El Paso. He is currently an assistant professor of forensic psychology at Roosevelt University in Chicago, and the coordinator of the forensic psychology undergraduate concentration. His research primarily focuses on clinical issues within corrections. His most recent publication is: Eno Loudon, J., Manchak, S. M., Ricks, E. P., & Kennealy, P. J. (2018). The role of stigma toward mental illness in probation officers' perceptions of risk and case management decisions. *Criminal Justice and Behavior*. Advance online publication. doi:10.1177/0093854818756148

Chelsea Geise received her Bachelor of Arts in Psychology and Cognitive Science from Case Western Reserve University in 2014 and is currently a fourth year doctoral student at Roosevelt University's Clinical Psychology program. She has research and clinical interests surrounding trauma and abuse across the lifespan.

Dr. James M. Wood is Professor and Associate Chair in the Department of Psychology at the University of Texas at El Paso. He has published more than 70 scholarly articles and book chapters, including works in the fields of juvenile justice, child suggestibility and child forensic interviewing. He serves as consulting editor on several scientific journals, including *Child Maltreatment*. Dr. Wood received his B.A. from Harvard College in 1973, his Master of Divinity from the Yale Divinity School in 1979, and his Ph.D. in Clinical Psychology from the University of Arizona in 1990. He can be contacted at jawood@utep.edu.

Author note:

Elijah P. Ricks, Department of Psychology, Roosevelt University, Chicago; Chelsea Geise, Department of Psychology, Roosevelt University, Chicago; James M. Wood, Department of Psychology, The University of Texas at El Paso.

Elijah P. Ricks was at The University of Texas at El Paso when data were collected but at Roosevelt University for analysis and manuscript preparation.

Nothing in this manuscript necessarily reflects the opinions or findings of either the El Paso County (Texas) Juvenile Probation Department or the Texas Division of Family and Protective Services. Portions of this research were presented at the annual conference for the American Psychology-Law Society in March 2016.

Correspondence concerning this article should be addressed to Elijah P. Ricks, Department of Psychology, 430 South Michigan Avenue, Chicago, Illinois 60605-1394. Phone: 312-281-3275. E-mail: ericks01@roosevelt.edu

REFERENCES

- Aalsma, M. C., Lau, K. S. L., Perkins, A. J., Schwartz, K. S., Tu, W., Wiehe, S. E., ... & Rosenman, M. B. (2016). Mortality of youth offenders along a continuum of justice system involvement. *American Journal of Preventive Medicine*, *50*, 303–310. doi:[10.1016/j.amepre.2015.08.030](https://doi.org/10.1016/j.amepre.2015.08.030).
- Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). *Functional family therapy for adolescent behavior problems*. Washington, DC: American Psychological Association.
- Armstrong, G. S. & Rodriguez, N. (2005). Effects of individual and contextual characteristics on preadjudication detention of juvenile delinquents. *Justice Quarterly*, *22*, 521–539. doi:[10.1080/07418820500364643](https://doi.org/10.1080/07418820500364643).
- Bean, F. D. & Tienda, M. (1987). *The Hispanic population of the United States*. New York, NY: The Russell Sage Foundation.
- Bright, S. B. (2010). Legal representation for the poor: Can society afford this much injustice? *Missouri Law Review*, *75*, 683–714. Available at <http://scholarship.law.missouri.edu/mlr/vol75/iss3/3>.
- Carney, M. M. & Buttell, F. (2003). Reducing juvenile recidivism: Evaluating the wraparound services model. *Research on Social Work Practice*, *13*, 551–568. doi:[10.1177/1049731503253364](https://doi.org/10.1177/1049731503253364).
- Catalano, R. F., Kosterman, R., Hawkins, J. D., Newcomb, M. D., & Abbott, R. D. (1996). Modeling the etiology of adolescent substance use: A test of the social development model. *Journal of Drug Issues*, *26*, 429–455. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1976125/pdf/nihms-18393.pdf>.
- Child Trends DataBank. (2015). *Child maltreatment*. Available at: http://www.childtrends.org/wp-content/uploads/2014/07/40_Child_Maltreatment.pdf.
- Conger, D. & Ross, T. (2001). *Reducing the foster care bias in juvenile detention decisions: The impact of project confirm*. New York, NY: Administration for Children's Services, The Vera Institute for Justice.
- Courtney, M. E., Terao, S., & Bost, N. (2004). *Evaluation of the adult functioning of former foster youth: Conditions of Illinois youth preparing to leave state care*. Chicago, IL: Chapin Hall Center for Children.
- Crouch, J. L., Hanson, R. F., Saunders, B. E., Kilpatrick, D. G., & Resnick, H. S. (2000). Income, race/ethnicity, and exposure to violence in youth: Results from the national survey of adolescents. *Journal of Community Psychology*, *28*, 625–641. Available at http://www.nctsn.org/nctsn_assets/Articles/77.pdf.
- Cusick, G. R., George, R. M., & Bell, K. C. (2009). *From corrections to community: The juvenile reentry experience as characterized by multiple systems involvement*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- Cutuli, J. J., Goerge, R.M., Coulton, C., Schretzman, M., Crampton, D., Charvat, B. J., Lalich, N., ... & Lee, E. L. (2016). From foster care to juvenile justice: Exploring characteristics of youth in three cities. *Children and Youth Services Review*, *67*, 84–94. doi:[10.1016/j.chilyouth.2016.06.001](https://doi.org/10.1016/j.chilyouth.2016.06.001).

- Dannerbeck, A. & Yan, J. (2011). Missouri's crossover youth: Examining the relationship between their maltreatment history and their risk of violence. *Journal of Juvenile Justice, 1*, 78–97.
- DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2013). *Income, poverty, and health insurance coverage in the United States: 2012* (Current Population Reports, P60–245). Washington, DC: U.S. Government Printing Office. Retrieved from U.S. Census Bureau website: <http://www.census.gov/hhes/www/poverty/data/>.
- Dinwiddie, S. H. & Bucholz, K. K. (1993). Psychiatric diagnoses of self-reported child abusers. *Child Abuse & Neglect, 17*, 465–476. doi:[10.1016/0145-2134\(93\)90021-V](https://doi.org/10.1016/0145-2134(93)90021-V).
- Dirmyer, V. F. & Courtney, K. O. (2015). The impact of child protective service history on reoffending in a New Mexico juvenile justice population. *Journal of Juvenile Justice, 4*, 18–29. Available at <https://www.ncjrs.gov/pdffiles/251064.pdf>.
- Dowden, C. & Andrews, D. A. (1999). What works in young offender treatment: A meta-analysis. *Forum on Corrections Research, 11*, 21–24. Retrieved from http://205.193.117.157/text/pblct/forum/e112/112e_e.pdf.
- Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness. *Psychiatric Services, 53*, 565–573. doi:[10.1176/appi.ps.53.5.565](https://doi.org/10.1176/appi.ps.53.5.565).
- Drake, B. & Jonson-Reid, M. (2014). Poverty and child maltreatment. In J. E. Korbin and R. D. Krugman (Eds.), *Handbook of child maltreatment* (pp. 131–148). New York, NY: Springer.
- Drake, B. & Pandey, S. (1996). Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse & Neglect, 20*, 1003–1018. doi:[10.1016/0145-2134\(96\)00091-9](https://doi.org/10.1016/0145-2134(96)00091-9).
- Elliott, D. S., Huizinga, D., & Menard, S. (1989). *Multiple problem youth: Delinquency, substance use, and mental health problems*. New York, NY: Springer.
- English, D. J., Widom, C. S., & Brandford, C. (2002). Childhood victimization and delinquency, adult criminality, and violent criminal behavior: A replication and extension (NCJRS 192291). Washington, DC: U.S. Department of Justice.
- Eno Loudon, J., Kang, T., Ricks, E. P., & Marquez, L. (2017). Using the MAYSI-2 to identify mental disorder among Latino juvenile offenders. *Psychological Assessment, 29*, 727–739. doi:[10.1037/pas0000399](https://doi.org/10.1037/pas0000399).
- Farrington, D. P., Jolliffe, D., Loeber, R., Stouthamer-Loeber, M., & Kalb, L. M. (2001). The concentration of offenders in families, and family criminality in the prediction of boys' delinquency. *Journal of Adolescence, 24*, 579–596. doi:[10.1006/jado.2001.0424](https://doi.org/10.1006/jado.2001.0424).
- Finkelhor, D. (2014). The main problem is underreporting child abuse and neglect. In D. R. Loseke, R. J. Gelles, and M. M. Cavanaugh (Eds.), *Current controversies on family violence* (2nd ed., pp. 299–310). Thousand Oaks, CA: Sage.
- Garbarino, J. (1999). The effects of community violence on children. In L. Batter, and C. Tamis-LaMonda (Eds.) *Child psychology: A handbook of contemporary issues* (pp. 412–425). New York: Psychology Press
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & MacMillan, H. L. (2009). Recognising and responding to child maltreatment. *Lancet, 373*, 167–180. doi:[10.1016/S0140-6736\(08\)61707-9](https://doi.org/10.1016/S0140-6736(08)61707-9).

- Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373, 68–81. doi:[10.1016/S0140-6736\(08\)61706-7](https://doi.org/10.1016/S0140-6736(08)61706-7).
- Grisso, T. & Barnum, R. (2006). *Massachusetts Youth Screening Instrument-2 (MAYSI-2): User's manual and technical report, 2006 revised edition*. Sarasota, FL: Professional Resource Press.
- Halemba, G. & Siegel, G. (2011, September 25). *Doorways to delinquency: Multi-system involvement of delinquent youth in King County (Seattle, WA)*. Pittsburgh, PA: National Center for Juvenile Justice.
- Halemba, G. J., Siegel, G., Lord, R. D., & Zawacki, S. (2004, November 30). *Arizona dual jurisdiction study: Final report*. Pittsburgh, PA: National Center for Juvenile Justice.
- Hawkins, J. D. & Weis, J. G. (1985). The social development model: An integrated approach to delinquency prevention. *Journal of Primary Prevention*, 6, 73–97. doi:[10.1007/BF01325432](https://doi.org/10.1007/BF01325432).
- Herz, D., Lee, P., Lutz, L., Stewart, M., Tuell, J., & Wiig, J. (2012, March). *Addressing the needs of multi-system youth: Strengthening the connection between child welfare and juvenile justice*. Retrieved from Georgetown University, Center for Juvenile Justice Reform website: <http://cjjr.georgetown.edu/pdfs/msy/AddressingtheNeedsofMultiSystemYouth.pdf>.
- Herz, D. & Ryan, J. (2008). *Exploring the characteristics and outcomes of 241.1 youth crossing over from dependency to delinquency in Los Angeles County*. Los Angeles, CA: Judicial Council of California, Center for Families, Children and the Courts.
- Herz, D., Ryan, J., & Bilchik, S. (2010). Challenges facing crossover youth: An examination of juvenile justice decision-making and recidivism. *Family Court Review*, 48, 305–321.
- Holman, B. & Zeidenburg, J. (2013). *Dangers of detention: The impact of incarcerating youth in detention and other secure facilities*. Justice Policy Institute. Available at http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_jj.pdf.
- Huang, H., Ryan, J. P., & Herz, D. (2012). The journey of dually-involved youth: The description and prediction of rereporting and recidivism. *Children and Youth Services Review*, 34, 254–260.
- Jarjoura, G. R., Triplett, R. A., & Brinker, G. P. (2002). Growing up poor: Examining the link between persistent childhood poverty and delinquency. *Journal of Quantitative Criminology*, 18, 159–187. doi:[10.1023/A:1015206715838](https://doi.org/10.1023/A:1015206715838).
- Johnson, K., Ereth, J., & Wagner, D. (2004). *Juvenile delinquency among children involved in a child maltreatment investigation: A longitudinal study*. Madison, WI: Children's Research Center.
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2010). *Monitoring the future: National survey results on drug use, 1975–2010* (Vol. 1, secondary school students). Ann Arbor, MI: Institute for Social Research, The University of Michigan.
- Jonson-Reid, M. & Barth, R. P. (2000a). From maltreatment report to juvenile incarceration: The role of child welfare services. *Child Abuse and Neglect*, 24(4), 505–520. doi:[10.1016/S0145-2134\(00\)00107-1](https://doi.org/10.1016/S0145-2134(00)00107-1).
- Jonson-Reid, M. & Barth, R. P. (2000b). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review*, 22(7), 493–516. doi:[10.1016/S0190-7409\(00\)00100-6](https://doi.org/10.1016/S0190-7409(00)00100-6).

- Kandel, D. B., Johnson, J. G., Bird, H. R., Weissman, M. M., Goodman, S. H., Lahey, B. B., ... & Schwab-Stone, M. E. (1999). Psychiatric comorbidity among adolescents with substance use disorders: Findings from the MECA study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *38*, 693–699. doi:[10.1097/00004583-199906000-00016](https://doi.org/10.1097/00004583-199906000-00016).
- Kang, T., Wood, J. M., Eno Loudon, J., & Ricks, E. P. (2018). Prevalence of internalizing, externalizing, and psychotic disorders among low-risk juvenile offenders. *Psychological Services*, *15*(1), 78–86. doi:[10.1037/ser0000152](https://doi.org/10.1037/ser0000152).
- Keyes, K. M., Wall, M., Cerdá, M., Schulenberg, J., O'Malley, P. M., Galea, S., Feng, T., & Hasin, D. S. (2016). How does state marijuana policy affect US youth? Medical marijuana laws, marijuana use and perceived harmfulness: 1991–2014. *Addiction*, *111*, 2187–2195. doi:[10.1111/add.13523](https://doi.org/10.1111/add.13523).
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *71*, 339–352. doi:[10.1037/0022-006X.71.2.339](https://doi.org/10.1037/0022-006X.71.2.339).
- Krohn, M. D., Schmidt, N. M., Lizotte, A. J., & Baldwin, J. M. (2011). The impact of multiple marginality on gang membership and delinquent behavior for Hispanic, African American, and White male adolescents. *Journal of Contemporary Criminal Justice*, *27*, 18–42. doi:[10.1177/1043986211402183](https://doi.org/10.1177/1043986211402183).
- Landale, N. S., Oropesa, R. S., & Bradatan, C. (2006). Families in the United States: Family structure and process in an era of family change. In M. Tienda and F. Mitchell (Eds.) *Hispanics and the Future of America* (pp. 138–178). Washington, DC: National Academic Press.
- Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Hayes Bautista, D. E. (2005). Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context. *Annual Review of Public Health*, *26*, 367–397. doi:[10.1146/annurev.publhealth.26.021304.144615](https://doi.org/10.1146/annurev.publhealth.26.021304.144615).
- Leonard, K. E. (2001). Domestic violence and alcohol: What is known and what do we need to know to encourage environmental interventions? *Journal of Substance Use*, *6*, 235–245. doi:[10.1080/146598901753325075](https://doi.org/10.1080/146598901753325075).
- Lynne-Landsman, S. D., Livingston, M. D., & Wagenaar, A. C. (2013). Effects of state medical marijuana laws on adolescent marijuana use. *American Journal of Public Health*, *108*, 1500–1506. doi:[10.2105/AJPH.2012.301117](https://doi.org/10.2105/AJPH.2012.301117).
- Macartney, S., Bishaw, A., & Fontenot, K. (2013). *Poverty rates for selected detailed race and Hispanic groups by state and place: 2007–2011*. (Report No. ACSBR/11–17). Retrieved from the United States Census Bureau website: <http://www.census.gov/prod/2013pubs/acsbr11-17.pdf>.
- McCormick, S., Peterson-Badali, M., & Skilling, T. A. (2015). Mental health and justice system involvement: A conceptual analysis of the literature. *Psychology, Public Policy, and Law*, *21*, 213–225. doi:[10.1037/law0000033](https://doi.org/10.1037/law0000033).
- McDonald, J. H. (2014). *Handbook of biological statistics* (3rd ed.). Baltimore, MD: Sparky House Publishing.
- McGuinness, T. M. & Schneider, K. (2007). Poverty, child maltreatment, and foster care. *Journal of the American Psychiatric Nurses Association*, *13*, 296–303. doi:[10.1177/1078390307308421](https://doi.org/10.1177/1078390307308421).

- McKinnon, S. A., O'Rourke, K. M., Thompson, S. E., & Berumen, J. H. (2004). Alcohol use and abuse by adolescents: The impact of living in a border community. *Journal of Adolescent Health, 34*, 88–93. doi:[10.1016/S1054-139X\(03\)00251-9](https://doi.org/10.1016/S1054-139X(03)00251-9).
- National Gang Center. (n.d.). *National youth gang survey analysis*. Retrieved March 10, 2017 from <http://www.nationalgangcenter.gov/Survey-Analysis>.
- Okazaki, S. & Sue, S. (1995). Methodological issues in assessment research with ethnic minorities. *Psychological Assessment, 7*, 367–375. Retrieved March 26, 2018 from http://psych.colorado.edu/~willcutt/pdfs/Okazaki_1995.pdf
- Pabon, E. (1998). Hispanic adolescent delinquency and the family: A discussion of sociocultural influences. *Adolescence, 33*, 941–955.
- Perry, B. D. (2013). *Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood*. The ChildTrauma Academy. Available at https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf.
- Pew Research Center, Pew Hispanic Center. (2011). *Hispanics account for more than half of nation's growth in past decade*. Retrieved from Pew Hispanic Center website: <http://www.pewhispanic.org/files/reports/140.pdf>.
- Resnicow, K., Soler, R., Braithwaite, R. L., Ahluwalia, J. S., & Butler, J. (2000). Cultural sensitivity in substance use prevention. *Journal of Community Psychology, 28*, 271–290. doi:[10.1002/\(SICI\)1520-6629\(200005\)28:3<271::AID-JCOP4>3.0.CO;2-I](https://doi.org/10.1002/(SICI)1520-6629(200005)28:3<271::AID-JCOP4>3.0.CO;2-I).
- Ricks, E. P. & Eno Loudon, J. (2015). Slipping through the cracks: Is mental illness appropriately identified among Latino offenders? *Criminal Justice and Behavior, 43*, 525–538. doi:[10.1177/0093854815605525](https://doi.org/10.1177/0093854815605525).
- Rodriguez, N. (2010). The cumulative effect of race and ethnicity in juvenile court outcomes and why preadjudication detention matters. *Journal of Research in Crime and Delinquency, 47*, 391–413. doi:[10.1177/0022427810365905](https://doi.org/10.1177/0022427810365905).
- Ryan, J. P. & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review, 27*, 227–249. doi:[10.1016/j.childyouth.2004.05.007](https://doi.org/10.1016/j.childyouth.2004.05.007).
- Santisteban, D. A., Perez-Vidal, A., Coatsworth, J. D., Kurtines, W. M., Schwartz, S. J., LaPerriere, A., & Szapocznik, J. (2003). Efficacy of brief strategic family therapy in modifying Hispanic adolescent behavior problems and substance use. *Journal of Family Psychology, 17*(1), 121–133. doi:[10.1037/0893-3200.17.1.121](https://doi.org/10.1037/0893-3200.17.1.121).
- Schaeffer, C. M. & Borduin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology, 73*, 445–453. doi:[10.1037/0022-006X.73.3.445](https://doi.org/10.1037/0022-006X.73.3.445).
- Schuck, A. M., Lersch, K. M., & Verrill, S. W. (2004). The “invisible” Hispanic? The representation of Hispanics in criminal justice research. *Journal of Ethnicity in Criminal Justice, 2*, 5–22. doi:[10.1300/J222v02n03_02](https://doi.org/10.1300/J222v02n03_02).
- Shook, J. J. & Goodkind, S. A. (2009). Racial disproportionality in juvenile justice: the interaction of race and geography in pretrial detention for violent and serious offenses. *Race and Social Problems, 1*(4), 257–266. doi:[10.1007/s12552-009-9021-3](https://doi.org/10.1007/s12552-009-9021-3).
- Sickmund, M. & Puzanchera, C. (Eds.). (2014). *Juvenile offenders and victims: 2014 national report*. Pittsburgh, PA: National Center for Juvenile Justice.

- Skowrya, K. R. & Cocozza, J. J. (2007). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. Washington, DC: Policy Research Associates, Inc.
- Smith, C. & Thornberry, T. P. (1995). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology*, 33, 451–481.
- Snyder, H. N. & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Stuart, G. L., Moore, T. M., Ramsey, S. E., & Kahler, C. W. (2003). Relationship aggression and substance use among women court-referred to domestic violence intervention programs. *Addictive Behaviors*, 28, 1603–1610. doi:[10.1016/j.addbeh.2003.08.038](https://doi.org/10.1016/j.addbeh.2003.08.038).
- Sullivan, P. M. & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24, 1257–1273. doi:[10.1016/S0145-2134\(00\)00190-3](https://doi.org/10.1016/S0145-2134(00)00190-3).
- Swahn, M. H., Whitaker, D. J., Phippen, C. B., Leeb, R. T., Teplin, L. A., Abram, K. M., & McClelland, G. M. (2006). Concordance between self-reported maltreatment and court records of abuse or neglect among high-risk youths. *American Journal of Public Health*, 96, 1849–1853. doi:[10.2105/AJPH.2004.058230](https://doi.org/10.2105/AJPH.2004.058230).
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59, 1133–1143. doi:[10.1001/archpsyc.59.12.1133](https://doi.org/10.1001/archpsyc.59.12.1133).
- Texas Department of Public Safety. (2014). *Texas gang threat assessment*. Austin, TX: Texas Department of Public Safety. Available at https://www.dps.texas.gov/director_staff/media_and_communications/2014/txGangThreatAssessment.pdf.
- Underwood, L. A. & Washington, A. (2016). Mental illness and juvenile offenders. *International Journal of Environmental Research and Public Health*, 13(2), 1–14. doi:[10.3390/ijerph13020228](https://doi.org/10.3390/ijerph13020228).
- U.S. Census Bureau (2013). State and county quickfacts: El Paso County, Texas. Retrieved from <https://www.census.gov/quickfacts/>.
- U.S. Department of Commerce, U.S. Census Bureau (2011). *The Hispanic population: 2010* (Publication No. C2010BR-04). Available at: <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>.
- U.S. Department of Commerce, U.S. Census Bureau (2016). *Characteristics of the U.S. Population by Generational Status: 2013* (Publication No. P23-214). Available at <https://www.census.gov/content/dam/Census/library/publications/2016/demo/P23-214.pdf>.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2015). *Child Maltreatment, 2013*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>.
- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (1997). *In the wake of child maltreatment*. Available at <https://www.ncjrs.gov/pdffiles1/165257.pdf>.

- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2002). *Disproportionate minority confinement: A review of the research literature from 1989 through 2001*. Available at http://www.ojjdp.gov/dmc/pdf/dmc89_01.pdf.
- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2005). *Highlights of the 2002–2003 National Youth Gang Surveys* (OJJDP FS-200501). Available at <https://www.ncjrs.gov/pdffiles1/ojjdp/FS200501.pdf>.
- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2006). *Psychiatric disorders of youth in detention*. Available at <https://www.ncjrs.gov/pdffiles1/ojjdp/210331.pdf>.
- U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2013). *The northwestern juvenile project: Overview*. Available at <http://www.ojjdp.gov/pubs/23452>.
- Vidal, S., Prince, D., Connell, C. M., Caron, C. M., Kaufman, J. S., & Tebes, J. K. (2017). Maltreatment, family environment, and social risk factors: Determinants of the child welfare to juvenile justice transition among maltreated children and adolescents. *Child Abuse & Neglect*, 63, 7–18. doi:[10.1016/j.chiabu.2016.11.013](https://doi.org/10.1016/j.chiabu.2016.11.013).
- Wallisch, L. S. & Spence, R. T. (2006). Alcohol and drug use, abuse, and dependence in urban areas and colonias of the Texas-Mexico Border. *Hispanic Journal of Behavioral Sciences*, 28, 286–307. doi:[10.1177/0739986305286137](https://doi.org/10.1177/0739986305286137).
- Warr, M. (1993). Parents, peers, and delinquency. *Social Forces*, 72, 247–264. doi:[10.2307/2580168](https://doi.org/10.2307/2580168).
- Wiig, J. K. & Tuell, J. A. (2013). *Guidebook for juvenile justice & child welfare system coordination and integration: A framework for improved outcomes* (3rd ed.). Boston, MA: Robert F. Kennedy Children’s Action Corps.