FROM CRIMINAL TO LAW-ABIDING: JUVENILE OFFENDERS AND THE
COMMUNICATION OF IDENTITY CHANGE THROUGHOUT
REHABILITATION PROGRAMS

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Master of Arts, Communication

By

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ABSTRACT

There is longstanding debate in juvenile justice about what to do with offenders. This thesis examines why rehabilitative programs are seeing lower recidivism rates than traditional punitive systems. Focusing on theories from psychology, sociology and communication, the answer seems to rest in these programs abilities to stimulate internal processes by focusing on the interactive creation of non-delinquent identities and the removal of negative peer affiliations. Utilizing Erikson’s identity crisis model, social identity theory and the coordinated management of meaning, this paper examines the factors that lead to sustained change internally, externally and interactively. Thirty-seven participants currently in state juvenile rehabilitation programs were categorized into three groups, early, middle and late treatment stages, and were surveyed to identify change throughout the treatment stages in identity status, gender identity, and verbal aggressiveness and argumentativeness. Interviews were conducted to further understand the experience of youth in rehabilitation programs focusing additionally on identity-related stigmatization, incoherence, and social relationships. Results indicate that identity change does not occur within treatment programs but rather upon release. This suggests that the processes that occur within treatment programs serve to prepare youth to make positive choices when released back into the community. These findings further our understanding of why rehabilitative programs are successful and this information may be helpful as more juvenile justice programs shift from punitive to rehabilitative focus.

KEYWORDS: identity, juvenile offenders, communication, rehabilitation, change

This abstract is approved as to form and content

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CHAPTER 1
INTRODUCTION

Juvenile crime is a significant problem. While overall juvenile crime has been decreasing over the past twenty years, youthful involvement in serious offenses is still at alarming rates (Snyder & Sickmund, 2006). In 2007, 15.4 percent of all arrests were of those under the age of 18 years old and 4.3 percent were of persons under the age of 15 (FBI, 2008). In Missouri, 13.5 percent of all arrests were persons under the age of 18 (FBI, 2008). Over the past twenty years, youth have been involved in almost a quarter of the most serious violent victimizations and, in 2006, 1 in every 8 violent crimes were committed by juveniles (Snyder & Sickmund, 2006).

These arrests are visible because juvenile crime gets a lot of media coverage. Almost one third of television news crime stories focus on juvenile crime and nearly 80% of those stories are covered in the first block of newscasts (Goidel, Freeman, & Procopio, 2006). Youth are rarely in the news and, when they are, it is usually in the context of violence. Newscasts focus on school shootings, crimes against persons, theft, and vandalism. While the majority of youth do not participate in such acts, and therefore these reports give us a distorted view of youth in general, juvenile violence is still a serious issue that needs to be addressed.

The traditional approach to juvenile justice has been to house these offenders in institutions similar to the adult prison system. This punitive approach has shown little effectiveness in reducing re-offense, with recidivism rates sometimes higher than 50% (Texas Youth Commission, 2003). There has been a recent paradigm shift in the
approach to juvenile justice led by the state of Missouri (Mendel, 2004). Rather than focusing on punishment, Missouri’s rehabilitation programs focus on treatment and the results are impressive. Compared with states with punitive juvenile justice programs, Missouri’s recidivism rate is extremely low at 9% whereas Maryland is at 30%, Louisiana is at 45%, and Florida is at 29% (Mendel, 2004). While there are no national statistics regarding juvenile recidivism, Missouri is the leader in lowering recidivism rates.

One thing that makes rehabilitative programs, such as Missouri’s, so successful is the focus on providing youth with counseling and interpersonal skills. Studies have shown that the most positive type of treatment that can be offered to institutionalized offenders is the development of interpersonal skills, which includes communication (Lipsey, Wilson, & Cothern, 2000). Studies have shown that adjudicated youth typically have high levels of communication problems (Sanger, 1999). As communication abilities are important to the acquisition and development of basic life skills, learning, school success, emotional stability, problem solving and the regulation of self, deficiencies in communication skill are one of the many factors that can contribute to violent behavior (Sanger, 1999).

Missouri’s Division of Youth Services

Missouri focuses on therapeutic and rehabilitative programs. Offenders are housed in group home settings where residents live and work together. Residents receive schooling, individual and group therapy and intensive instruction on issues such as communication, coping skills, peer influences, empathy, anger management and self-
esteem (DYS, 2008). Youth in the group setting are encouraged to work together and are rewarded for providing feedback to the group. This feedback is positive and negative in nature and is meant to teach the group accountability and hopefully ensure long lasting change. The intended outcome of these programs is to arm youth with the skills, knowledge and resources they need to become productive and successful members of society. Extensive testing done by the Division of Youth Services (DYS) has shown that youth released from its programs typically make significant improvements in academic and psychosocial domains (DYS, 2008).

The low recidivism rates and testing results indicate that rehabilitation programs cause a change in the youth that complete them. This change is more than a change in surface behavior because it is sustained. What we don’t know is why it is this particular set of changes is sustainable. The answer could be that the changes involve a change in identity or a change in the way that they see themselves.

**Identity Defined**

As Coupland (2007) describes, there is no one definition of identity because identity has been theorized in numerous ways. In order to fully understand a complex issue, such as identity and juvenile crime and rehabilitation, an interdisciplinary approach is necessary (Nissani, 1997). Many factors affect who we are; there are internal, external and interactional components at play. By bridging theories of identity from the fields of psychology, sociology and communication, we can more fully understand the complex issue of identity and sustained change.
To psychologists, identity is something that exists within the individual and society is the agent that inserts traits into the individual (Baumeister, 1986). Erikson (1974) defines identity as “being at one with oneself as one grows and develops: it also means, at the same time, a sense of affinity with a community’s sense of being at one with its future as well as its history or mythology” (p. 27-28).

For sociologists, identity is a system of roles and statuses arranged according to how they are viewed by society (Baumeister, 1986). Vryan (2007) describes identity as a social construct made up of “culturally and interactionally defined meanings and expectations” (p. 1). As Social Identity Theory describes, our identities are intricately linked to our membership in social groups (Tajfel, 1978). Personal identity, then, is the meaning and expectations specific to an individual associated with a name, an appearance, personal experiences, social identity and personality traits (Goffman, 1963).

Communication scholars, specifically social constructionists, follow this socio-cultural perspective but don’t articulate it as much as matter of roles as an ongoing negotiation based in interaction. According to Pearce (2001) identity is the construction of self between two individuals in conversation. Cronen and Pearce’s theory, the coordinated management of meaning, explains that identity exists not within the self but in the conversations, verbal and nonverbal, that people have with one another (Pearce, 2001).

Each of these fields of study approaches the process of coming to an identity in differing ways. The developmental approach is based in psychology and states that identity is made up of a series of identity crises. It is the resolution of these crises that lead to the formation of an identity (Erikson, 1968). The social approach is based in
sociology and suggests that one comes to an identity by their association with social groups and by their related roles and statuses. The interactive approach is based in communication and posits that it is through continuous micro-level interactions that we create and negotiate our identities. These three approaches can be intertwined to account for the complexity of factors contributing to the sustained change evident in youth who have successfully completed and remained out of further rehabilitation programs.

Identity Change in Rehabilitated Juvenile Offenders

Identity is a complex construct consisting of internal processes characteristic of the developmental approach, external influences as described by the social approach and interactive as outlined by the communicative approach. Adolescence is the period when identity is explored and developed. Erikson’s identity related crises, identity versus role confusion and intimacy versus isolation, occur during this time. Those adolescents that do not engage with the process of exploring and committing to an identity often engage in delinquent behaviors. Youth who are going through similar experiences tend to attract one another. Peer groups form with norms of delinquent behavior. A youth’s self-concept is intrinsically wrapped up in the interactions with group members where there is high coherence. Encounters with others—parents, guardians, family and other community members—have coordination but not necessarily coherence; that is, those encounters result in patterns, but not necessarily based on similar meanings.

Once the youth is adjudicated and committed to a residential rehabilitation facility, crisis may be initiated. Youth engage in activities that invite thought about identity and they are uprooted from delinquent peer groups and placed in groups that
have the goal of rehabilitation, and, thus, new meanings emerge and a youth must rearrange and reconfigure the stories told and stories lived to fit an identity that has shared meaning with those around them, including their treatment group members, their staff team, their families, and with others with whom they may come into contact.

Rehabilitation programs may produce lasting change because they encourage crisis and provide youth with the means to explore the crucial crises of adolescence with counseling services and education on pro-social skills, including interpersonal communication. The achievement of coherence with mass societal norms rather than with cultural subgroups encourages youth to constantly reconfigure their story of identity. The success rates of Missouri’s Division of Youth Services indicate that by aiding in the construction of a more acceptable and positive social reality, a youth’s actions are powerfully influenced.

In order to achieve coherence, resolve crises and create a positive identity, one must remove themselves from social groups that beget deviant behavior because the meanings of those groups do no mesh with the meanings of the rest of society. By addressing the need to separate youths from a delinquent peer groups and in understanding the need for crisis in identity development, rehabilitation programs serve to liberate their clients, literately and figuratively. Liberation comes from both completing a program and being released and by learning the skills and choosing an identity that frees a youth from the “oppressiveness of a communication system in which they are enmeshed” (Philipsen, 1995).

Chapter 2 will expand the argument presented here through a review of the relevant literature on identity formation and change and will pose a number of research
questions. Chapter 3 will review the methods executed in attempt to answer the research questions regarding juvenile offenders, rehabilitation, communication and identity change. Chapter 4 will contain the results from the study and Chapter 5 will discuss those results and their implications for juvenile justice and rehabilitation.
CHAPTER 2
LITERATURE REVIEW

Identity formation and management is comprised of internal, external and interactive components. As such, when juvenile offenders, often in one crucial life stage of identity formation, enter treatment programs all three components are affected and influenced. Communication has an integral part in each of these components and because of this each has great influence on the other. Relevant literature on identity development as influenced by internal, external and interactive will be reviewed here. Additionally, literature regarding three subsets of overall identity formation and management that particularly apply to juvenile offenders, stigma, gender and aggressive communication, are also reviewed in this chapter. From the literature, seven research questions are also posed and will be the basis of this study.

Identity as Socially Constructed

The Coordinated Management of Meaning posits that meaning is created moment-to-moment by persons-in-conversation (Pearce, 1999). The atomic-serpentine model describes how this meaning is created. At the core of every communicative act is the story that is being told. We must interpret this story considering the context of the episode, the relationship between the persons in conversation, the self-identity of the communicator and the culture from which the speaker originates. A person can emphasize or deemphasize any of these aspects. These four pieces only make sense within the greater context of the conversation. What person B says is dependent not only
on the context, the relationship, identity and the culture but also on what person A said before and what person A will say afterward (Pearce, 1999).

Identity itself is socially constructed as we co-construct our own identity and the identity of others in conversation. Identity can be highlighted, de-emphasized or changed through specific use of language and behavior at particular moments in social interaction (Leeds-Hurwitz, 1995). Our language and behavior are not necessarily reports on our inner mental state but instead is used as an attempt to construct, with the help of others around us, certain forms of life (Shotter, 1997). The self is a conception that emerges from social action and is embedded in structure in various ways (Cronen, Pearce, & Tomm, 1985).

Identity, itself, is a process and “identity development thus becomes a story without closure, constantly open to change” (Kraus, 2006, p. 104). Identity must be understood as “processed, socially embedded, and readable through the self-stories in which it discursively manifests itself” (Kraus, 2006, p. 106). The storyteller is a person with many selves and is constantly trying to reorganize him or herself into “provisional unity” (Kraus, 2006).

A person unable to organize their many stories into one coherent tale experiences identity crisis. Identity crisis is a term used by psychologist Erik Erikson to describe the process by which we develop identity over the course of a lifespan. For a juvenile offender committed to a rehabilitation program, incoherence is characteristic because previous identities or stories are unaccepted by society.
Identity Formation in Adolescents

The central task of adolescence is the achievement of personal identity (Head, 1997). This task is important because it shapes the choices for adult life in areas such as occupation, values and relationships. Identity provides us with a structure. It allows us to know who we are, it gives us a sense of control over ourselves it gives us meaning and direction to our choices and goals, it forces us to strive for consistency and it allows us to see our own potential and possibilities for the future (Adams, 1998).

Erikson’s Development Model. Erik Erikson is thought to be the primary researcher on identity development throughout the life stages. Erikson says that our identity is developed through resolution of eight crises that occur throughout our lifespan (Erikson, 1968). These crises happen in sequential order, that is, the crisis before must be resolved in order to move on to the next one. The first few describe identity development as a young child. These include the trust versus mistrust crises when a child learns to depend on its principle caretaker and gains confidence in the world. The next stage is autonomy versus doubt and this refers to the stage where a child gains some control of itself and can no longer completely depend on others. Initiative versus guilt is the third stage. This is the period when a child must learn to do things without being told and must accept responsibility for their actions. The fourth stage is the industry versus inferiority crisis. This is when a child is socialized in school and must learn to manage success in both schoolwork and relationship development.

The next two crises occur primarily during adolescence. There is some criticism here about Erikson’s basis on a male norm and therefore the order of the next two theories can be debated (Head, 1997). The identity versus role confusion period is
marked by confusion in making decisions in the adult life. The intimacy versus isolation crisis occurs when a young adult aims to enter into intimate relationships with others. While Erikson argues that a strong sense of identity precedes intimacy, this may not be true of females. Females tend to define themselves through relationships as females come to know themselves as they are known, thus making the intimacy versus isolation crisis necessary occurring before the identity versus role confusion crisis (Steitmatter, 1993; Gilligan, 1982).

The final two crises occur in the adult and older adult years. The generativity versus stagnation crisis is when life goals are set and worked towards. The eighth and final stage is the integrity versus despair crisis. During this period, an older adult reflects back upon their life and a sense of integrity is needed to give the life shape and purpose.

**Identity Statuses.** Negotiation of each of these crises was explored by James Marcia and expanded Erikson’s theory from theoretical to practical by identifying the process of moving from one resolution to the next (Head, 1997). There are two processes involved in moving from one crisis, resolving it, and moving on to the next, exploring possibilities and making decisions (Head, 1997). Inherent in the process are four possible identity conditions that youth go through during identity exploration during Erikson’s crises. They are identity achievement, identity foreclosure, identity moratorium and identity diffusion.

Identity achievement is the ideal when crisis has been experienced and there has been commitment to an option. Identity foreclosure is the condition of making a commitment without going through crisis. This is characteristic for adolescents who allow their parents to dictate who they will be and what they will do. Identity moratorium
is when a crisis is occurring but no choice has yet been made. Finally, identity diffusion is when no crisis is occurring and no commitments have been made. Troubled youth are most likely to be in this condition and are highly likely to experience anxiety, self-doubt, and participation in self-destructive behaviors (Smith & Smith, 2005). Extended time in this condition can lead to four symptoms (Erikson, 1968). The inability to enter into psychologically intimate relationships, a diffusion of time perspective resulting in the inability to envision the future leading to engagement in extreme risk behaviors, a diffusion of resources resulting in an inability to concentrate on essential task and finally the development of a negative identity. A negative identity is an attempt at autonomy by an adolescent by doing the opposite of what society expects (Head, 1997).

Commitment to a juvenile rehabilitation facility could be considered a crisis for a juvenile offender where a crisis is defined as being required to make a decision on one way of life or another, one identity or another. As troubled youth are most likely to be in the diffusion condition, where no crisis is occurring and no commitments have been made, and are most likely experiencing the symptoms of extended time in that condition, commitment to a residential program may act as a catalyst for facing the crisis and for resolving it. Success could be described as moving to either the identity achievement condition, where a choice has been made and the crisis is over or moving into the identity moratorium stage where youth are exploring possibilities and learning the skills necessary to make informed choices and commitments. Once the youth is released from the program, those choices and commitments can be solidified and then identity achievement can take place.
There are alternate models that describe adolescent identity development yet Erikson’s framework seems to be the most widely accepted. Ultimately, however, one views identity, from Erikson’s framework or from another standpoint, the concept of first exploring and then rejecting certain ways of thinking and accepting others is the key process in identity development and change.

As juvenile offenders tend to be characterized as being in a diffused identity status, for, perhaps, a period of time one can assume that many have reached the point of negative identity development and this is a contributing factor to delinquency, by trying to gain autonomy by doing the opposite of what society expects (Head, 1997).

*RQ1: Do youth experience crisis and Marcia’s different identity statuses while in a juvenile rehabilitation program?*

*RQ2: Do youth experience anxiety regarding identity and crisis?*

**Stigmatization**

Stigma is defined as any physical or social attribute that devalues an individual’s identity and therefore removes the individual from full social acceptance (Goffman, 1963). The “true” deviant stigma is a classification of people who openly reject group values, break norms and are subsequently stigmatized (Shoham & Rahav, 1982). This description is also characteristic of the youth that has reached the negative identity discussed previously. The “true” deviant is assumed to be inherently different from other members of society and it is the task of social control agencies to identify these deviants, isolate them and either fight or change them (Shoham & Rahav, 1982). Based on the news stories discussed in Chapter 1, it would seem that we do characterize deviant youth.
as different from the rest of society and we look to agencies such as the Division of Youth Services to change them.

There are two ways of managing stigma that relate to the identity development process, in the case that the stigma is something changeable, such as delinquency (Goffman, 1963). One way is to reject societal norms and to continue living the way one pleases. The other is conformity to what society expects. This conformity happens in steps (Kearney & O’Sullivan, 2003). The first step in conformity is recognition of the issue. This recognition can happen either gradually or suddenly. The next step is the small, tentative first effort to change. This first effort typically enables further change because such behavior is rewarded. Further change results in the final step or “identity revision” (Kearney & O’Sullivan, 2003, p. 146). Revision is aided by the rewards, often positive treatment by society, and by learning the skills to stay on track.

Juvenile offending is often characterized as a male problem. Stigma, then, for males and females is probably experienced differently. Gender, itself, is a major component to person identity and because of the characterization of delinquency as a male problem, identity revision and gender is interesting to consider.

**RQ3: Do committed youth experience stigma? If so, how do they experience stigma?**

**RQ4: Do males and females experience stigma differently? Do they manage it differently?**

**Gender Identity and Development**

According to the FY 2007 Annual Report, 81.5% of youth committed to DYS custody were male (DYS, 2008). Males are more likely to commit felony offenses whereas females are more likely to commit misdemeanors, juvenile offenses and other
non-felonies (DYS, 2008). These statistics indicate that gender is related to
delinquency—in the types of crimes and the likelihood that one will commit a crime. To
explore how gender is related to delinquency and, potentially, the rehabilitation process,
gender, as it relates to overall identity development and the role of communication will
be reviewed.

**Erikson’s Framework and Gender.** Males and females experience identity
development processes in incredibly similar ways based on Marcia’s identity statuses
(Archer, 1989; Smith & Smith, 2005). Many researchers, conversely, pinpoint the
differences in development. Overall, however, it seems that it is the process of identity
development that is consistent while the content varies drastically.

Males and females go through similar patterns of Marcia’s identity statuses. Over
half of both male and female adolescents begin in the diffused or foreclosed status, move
to the moratorium phase in middle adolescence and toward the end of adolescence, the
majority of both males and females reach the identity achievement stage (Smith & Smith,
2005). Still some differences remain. For example, males are more often characterized by
the foreclosure stage, that is, making commitment without going through crisis, than are
females.

Erikson and Marcia’s work, as stated previously, is heavy in male bias and
therefore may not be descriptive of female development (Head, 1997). The eight stages
of development are based on a male, Caucasian, heterosexual, middle-class norm
(Phillips, 2006). Intimate relationships are said to be the fifth stage in identity
development and, while this may be true of males, for females intimate relationships
often precede a sense of identity (Steitmatter, 1993). Females often define themselves
through their relationships with others (Steitmatter, 1993). Males focus on intrapersonal aspects of identity while females focus on both intrapersonal and interpersonal aspects (Lytle, Bakken & Romig, 1997).

The tension between attachment and autonomy are also experienced differently. Males focus on independence and autonomy so close relationships serve to threaten these two ideals. Females, however, shape themselves by appraising themselves in relationship to others. This begins in the family and unhealthy family relationship patterns can lead to unsuccessful conclusions to the identity crisis (Smith & Smith, 2005). A balance in families between individuality and connectedness within the family provides adolescents with opportunities to explore identity alternatives and promotes the development of a sense of self that is distinctive and unique from the parents (Schultz, 2007). Female identity development is related to attachment to the parents, particularly the mother (Schulz, 2007). Females, more than males, must learn to balance autonomy and connectedness (Lytle, Bakken & Romig, 1997).

**Communication and Gender Rules.** This content of identity development is different because the rules are different. Communication is how we learn who we are and what that means in the culture in which we are born (Wood, 2007). The rules for men in the United States are to avoid femininity, achieve success, be aggressive, be sexual and be self-reliant. Research shows that boys who adhere to traditional masculinity are more likely to be in trouble at school, engage in underage drinking, be apprehended by the police and to be sexually active (Pleasants, 2007).

There are many negative consequences of rigid views of masculinity. Boys tend to have fewer friendships than girls (Pleasants, 2007). An even simple task such as asking
others for help is considered to be non-masculine for many boys and this creates high levels of anxiety (Killmartin, 2000). Many young men are in correctional facilities because of their enactment of traditional masculinity, particularly their participation in violence. Violent males often have very low self-esteem, indicating that adolescent boys who are not confident in their identity may be at risk for participating in violence (Pleasants, 2007).

The rules for women in the United States are that appearance counts, that they should always be sensitive and caring, they should accept negative treatment by others and they should be everything to everyone (Wood, 2007). High association with strict views of femininity also has negative consequences. Females tend to internalize problems and, therefore, experience higher levels of psychological distress (Walters, 2001). Each of the rules for being feminine is other-oriented. Females tend to be more dependent on others than are males. Criminal involvement often comes about through relationships with family members and significant others (Covington, 2007). When women are disconnected or violated within relationships in families, personal acquaintances or society at large they experience depression, decreased self-esteem, confusion, and a turning away from relationships (Covington, 2007). The threatened loss of a valued relationship plays a significant role in female offending (Covington, 2007). Although women are socialized to be more empathetic than men, women who have been exposed to non-empathetic relationships tend to lack empathy for both self and others (Covington, 2007).

RQ5: Do adolescents completing a therapeutic rehabilitation program experience a change in gender identification? If so, what is the direction of change?
Identity development does not occur in isolation. Adolescent and gender development are clearly systemic processes where communication and culture are extremely important. Identity is constructed in moment-to-moment experiences of exploration and is influenced by overarching contexts. These moment-to-moment experiences occur socially and are influenced by others. Two theories that seem to accommodate this phenomenon of identity management and identity change are the Coordinated Management of Meaning and the Social Identity Theory.

**Coordinated Management of Meaning**

The quality of our communication has crucial implications for the social worlds in which we live because meaning is created by “persons-conversations,” that is, individuals, nations, organizations, families and others (Pearce, 2001). The way that people communicate is actually more important than the content that is being discussed. Actions that we communicate are actually reproduced over and over as the conversation continues. The way we communicate, as well as the content of what we say, shapes how we feel about ourselves, the person speaking and even others who are not in the room (Pearce, 2004). The way we talk and the people to whom we talk creates, sustains and destroys relationships, organizations and communities (Pearce, 2004). This is clearly applicable to the juvenile offender who is “conversing” in destructive ways and is therefore at odds with the community, with law-enforcement, and established institutions.

**Coordination, Coherence and Mystery.** The coordinated management of meaning consists of three key concepts: coordination, coherence and mystery (Pearce, 2004). Coordination is the way that we fit our actions into those of other people to
produce patterns. Coherence refers to how we tell stories, to ourselves and to others, to interpret the world around us and our place in it. There is tension between the stories we tell and the stories we live. As the way we communicate is more important than the actual content of what we communicate, the concept of coordination is crucial in improving our communication and, therefore, our social worlds (Pearce, 2001). For juvenile offenders, this is especially applicable because research show that they are typically ineffective communicators. Communication for a juvenile offender is through violent or deviant acts rather than with constructive language (Sanger, Creswell, Scharffart, Engelbert, & Opfer, 2000). There is great incoherence between this violent or deviant behavior and the law-abiding world. As discussed earlier, juvenile offenders trying but unable to arrange their stories into one unified story have an incoherent identity and after commitment to a rehabilitation facility experience crisis. Mystery refers to the fact that experience is more than the stories we tell to make the world coherent.

RQ6: Do youth experience incoherence upon commitment to a facility? Do youth experience incoherence during treatment? Do youth experience coherence upon release from the facility?

Verbal Aggresiveness. While theories of verbal aggression focus on the individual, a contrast from the focus on the social of the Coordinated Management of Meaning, both theories deal with meaning, experience and action: coordination, coherence and mystery in the Coordinated Management of Meaning and the cognitive, affective and behavioral in the theory of verbal aggressiveness.

Studies have shown that the most positive type of treatment that can be offered to institutionalized offenders is the development of interpersonal skills, which includes
communication (Lipsey, Wilson, & Cothern, 2000). Studies have shown that adjudicated youth typically have high levels of communication problems (Sanger, 1999). As communication abilities are important to the acquisition and development of basic life skills, learning, school success, emotional stability, problem solving and the regulation of self, deficiencies in communication skill are one of the many factors that can contribute to violent behavior (Sanger, 1999).

As communication skills deficiencies are a cause of violent behavior, one could suspect that after youthful offenders complete rehabilitative treatment programs that they would have improved communication skills. As crime and violence are often the result of conflict, one might suspect that youth who have been through rehabilitative treatment programs would show improved skill in resolving conflicts.

There are four types of active conflict resolution dispositions or traits, both constructive and destructive. Youthful offenders tend to be more disposed to having the destructive types than non-offenders of similar ages (Anderson & Rancer, 2007). Rancer and Avtgis (2006) states that there are four predispositions or traits that interact with environmental factors that influence ones approach to conflict resolution. These predispositions are assertiveness, argumentativeness, hostility and verbal aggressiveness. Each of these is classified as either constructive in nature or destructive. A trait is considered to be constructive if it enhances communication and relational satisfaction and is considered to be destructive if it detracts from communication and the quality of a relationship (Anderson & Rancer, 2007).

Assertiveness and argumentativeness are considered constructive approaches to conflict. Individuals who approach conflict from these dispositions are seen as “more
credible, eloquent, creative, and self-assured and are more likely to be viewed as leaders” (Rancer & Avtgis, 2006, p. 2). Assertiveness refers to the characteristics of firmness, forcefulness, and direct messages to achieve personal goals. An assertive person is able to defend their own rights and express their own feelings without discomfort (Anderson & Rancer, 2007). Argumentativeness, a subset of assertiveness, involves the use of reasoning to attack the positions of opponents in order to defend one’s own position. Argumentativeness is considered a subset of assertiveness because all argument requires assertiveness but assertiveness does not require argument (Rancer & Avtgis, 2006).

Several positive relational outcomes have been associated with argumentativeness in adult populations (Anderson & Rancer, 2007).

The destructive predispositions are hostility and verbal aggressiveness. Those with destructive predispositions are typically seen as less credible, less likely to have close relationships and more likely to engage in physical violence (Rancer & Avtgis, 2006). Hostility is defined as the expression of things such as negativity and resentment while verbal aggressiveness is an attack on self-concept rather than the positions of an opponent.

Hostility is the use of symbols to express negative feelings and when psychological attacks cease to work, the aggressor may resort to physical aggression (Anderson & Rancer, 2007). Hostility can be occasional or it can become a character trait. When it is a character trait, it reflects a hostile state of mind that finds regular expressions in interactions with others. Hostile behavior is inappropriate and damaging to interpersonal relationships. When internalization of hostile feelings occurs, the adolescent
may be viewed and labeled as a hostile person and the hostility is then an integral part of the identity of the youth (Kalogerakis, 2004).

Verbal aggressiveness is considered a subset of hostility because all verbal aggression requires hostility but hostility does not require verbal aggression. The person who is high in verbal aggressiveness works to establish dominance in their interpersonal relationships by forcefully asserting personal superiority (Infante & Rancer, 1982). This aggression can be expressed nonverbally, for instance, through the use of hand gestures (Infante & Wigley, 1986).

Verbal aggression is typically distinguished from physical acts of aggression (O’Leary, 1993). Verbal aggression is defined as an act carried out with the intention of, or perceived as having the intention of, hurting another person emotionally (Gavazzi, McKenry, Jacobson, Julian, & Lohman, 2000). Verbal aggressiveness, however, often serves as a catalyst to physical violence (Infante, 1987; Infante & Wigley, 1986). Physical violence is typically precipitated by a cycle of verbal aggressiveness and the internalization of rage (Infante & Wigley, 1986). For example, murder victims are often involved in an interpersonal relationship with their attacker and that verbal aggression often precipitates the violence (Zillmann, 1979).

People with these traits, hostility and verbal aggressiveness, are considered to be poor communicators. As a result, communication satisfaction is decreased which leads to lower levels of self-esteem in the communicator. As such, verbal aggression may point to an argumentative skill deficiency (Anderson & Rancer, 2007).

Distinguishing verbal aggressiveness from argument can only be done by looking at the locus of attack (Infante & Wigley, 1986). If a person attacks the position of
another, they are most likely using argument. If they are, however, attacking the self-concept of the recipient, solely or in addition to the recipient’s position, they are using verbal aggression.

Targets of verbally aggressive messages often feel embarrassed, angry, annoyed, inadequate, humiliated, hopeless, desperate or depressed (Martin, Anderson, & Horvath, 1996). This can lead to self-concept damage, hurt feelings and relational deterioration or termination. This damage can be more harmful and more long lasting than the results of physical aggression (Infante & Wigley, 1986). For instance, teasing someone as a child about their weight may give them lifelong insecurities about their size and this can have a tremendous impact on their overall amount of unhappiness (Infante & Wigley, 1986).

Interestingly, those who engage in verbal aggression are also often the target of it (Anderson & Rancer, 2007). This could partially explain why those high in verbal aggressiveness feel justified in their actions and why they typically suffer from low self-esteem. Possibly the most serious effect of verbal aggressiveness is the potential for verbal attacks to escalate into physical attacks (Infante & Wigley, 1986).

The theory of aggressive communication suggests that specific traits and environmental factors, assertiveness and hostility, influence the choice to select certain message behaviors (Infante, 1987). Aggressiveness, a subset of assertiveness, are those behaviors that use force to “physically and symbolically...damage...the locus of attack” (Infante, 1987, p. 158). Aggressiveness is a multidimensional construct that is thought to have cognitive, affective and behavioral components (Ziherl, Travnik, Plesnicar, Tomori & Zalar, 2007). The cognitive component is defined as negative beliefs about and attitudes towards others including cynicism and mistrust. The affective component,
labeled as anger, refers to an unpleasant emotion, ranging from irritation to rage, which can be assessed with regard to frequency, intensity and target. The behavioral component, thought to result from the attitudinal and affective components, is an action intended to harm others either verbally or physically.

Verbal aggressive behaviors include character attacks, competence attacks, profanity, teasing, ridicule, threats, physical appearance attacks, and nonverbal emblems (Infante & Wiglely, 1986). Studies have shown that incarcerated male youth report higher levels of verbal aggression than do non-offenders (Anderson & Rancer, 2007). In studies done with female incarcerated youth, violence appears to be an alternative means of communication verbally and physically (Sanger, 1999).

There are four principle causes of verbal aggression: psychopathology, disdain, social learning and skill deficiencies (Infante, Trebing, Shepherd, & Seeds, 1984). Psychopathology refers to when one is reminded of past hurt and act out because of that past hurt. Disdain is a person’s feelings of hatred toward another person. Social learning refers to the rewards one receives for aggressive behavior from family, from culture or from peer groups. Finally, skill deficiencies cause frustration because of an inability to communicate effectively. Additional causes include a desire to be mean or to seem tough, a desire to be funny, anger, poor mood or imitation of television characters (Infante, Riddle, Horwath, & Tumlin, 1992).

Verbal aggression is viewed as either an environmental process or as a biological process. There are four principle environmental causes of verbal aggressiveness: psychopathology, disdain, social learning, and skill deficiencies (Infante & Wigley, 1986; Infante, Trebing, Shepherd, & Seeds, 1984). Psychopathology refers to when one is
reminded of past trauma and acts out as a result. Disdain is a person’s feelings of hatred toward another person. Social learning refers to the rewards one receives for aggressive behavior from family, from culture or from peer groups. Social learning theory says that youth observe others communicating aggressively and model that behavior (Tremblay, 2000). Finally, skill deficiencies cause frustration because of an inability to communicate effectively. Additional causes include a desire to be mean or to seem tough, a desire to be funny, anger, poor mood or imitation of television characters (Infante, Riddle, Horwath, & Tumlin, 1992).

Communibiology is the study of the role of biology in the communication process. The communibiological paradigm states that outside environments only have a negligible effect on trait development and that aggression is the body’s response to a “threat” (Johnson, Bodon, & McCroskey, 2008; Beatty & McCroskey, 1997). This is a sharp contrast to the social learning perspective in that rather than environmental learning dictating how we communicate, our biology or genetics determine how we communicate.

Communibiology has several basic assumptions that differentiate it from the environmental perspective (Beatty & McCroskey, 1997). The first is that because all behavior relies upon brain function, there must be a neurobiology of communication traits. Information processing and decision-making are cognitive processes that occur in the brain structure and therefore they must be triggered by neurological activity. Another assumption is that there are individual differences that are present at birth that cannot be explained by environmental factors but rather by genetics. (Johnson, Bodon, & McCroskey, 2008). Regardless of which perspective one chooses in regard to verbal
aggressiveness, it is clear that identity development and negotiation is a social process that is affected by those with whom we surround ourselves.

*RQ7: Is there a difference in verbal aggressiveness levels and argumentativeness levels between the treatment stages?*

**Social Identity Theory**

All people are members of several social groups from racial groups to socioeconomic groups to political groups to peer groups. Meaning is derived from social groups and conversations that take place within those groups. There is coherence and coordination within a social group and certain norms about what is acceptable. Therefore, social identity is important to consider when exploring identity and juvenile offenders.

Individuals gain part of their self-concept from memberships in social groups (Tajfel, 1978). Social identity is “that part of an individual’s self-concept which derives from his knowledge of his membership of a social group or groups together with the value and emotional significance attached to that membership” (Tajfel, 1978, p. 63). Individuals categorize their social worlds into groups and, in that process, categorize themselves into groups. Some of these memberships can gain importance for the person and those memberships become relevant to the identity (Edwards & Harwood, 2003). Once a person is aligned with a particular group, they highlight the positive aspects inherent in the group to create separation from other groups (Edwards & Harwood, 2003). These positive aspects enhance self-esteem and a positive self-identity (Bagby & Rector, 1992). These results create a tendency, when in intergroup situation, for
individuals to favor in-group members over out-group members along comparable dimensions (Turner, 1981).

During adolescence, relationships with parent and adults become strained and dependence is put onto the peer group (Head, 1997). Young people are most likely to identify with those most similar to them, drawn from the same locality and similar social class. Identification, therefore, is less with the total population of adolescents in the country but more with sub-cultures within it (Head, 1997).

Youth match with peer groups that are going through similar experiences such as the search for autonomy and emerging sexuality so peer groups provide comfort and a way to manage concerns and anxiety associated with development. In communities where there is widespread unemployment and crime, the defining characteristics of the sub-culture are largely negative and are expressed in non-conformity and defiance (Head, 1997). While the roots of delinquency are extremely complex, and including both parental and peer influences, the membership of particular peer groups is crucial.

Delinquent peer association is the strongest predictor of delinquent behavior (Gunnison & McCartan, 2005). As peer relations become solidified and more intimate in adolescence, their influence on beliefs about delinquency becomes strong (Pardini, Loeber, & Stouthamer-Loeber, 2005). Adolescents who affiliate with delinquent peers are at risk for several negative outcomes. Increased levels of deviant peer affiliation are associated with increased aggression, self-reported delinquency, arrests and the initiation of substance use (Pardini, Loeber, & Stouthamer-Loeber, 2005). Disengagement from the influence of peer groups is an important feature in the abandonment of delinquent habits (Head, 1997).
The overall identity of the groups to which one is categorized influences the personal identity of the individual in self-concept and self-esteem. By removing oneself from these groups, one essentially removes or changes a part of their own identity. Delinquency has been tied to association with delinquent peer groups so a focus on removal from a delinquent peer group would be an initial step to identity change.

*RQ8: Have youth been involved with delinquent peer groups?*

- *Did they feel influenced by these associations?*
- *Do they plan on continuing these associations after they complete their treatment programs?*

Identity is a concept tied up in many spheres. It is a social process that is constantly affected by the others with whom we come into conversations. People tell stories about who they are and when those stories conflict, incoherence occurs. The adjudicated juvenile offender who is trying to construct a coherent story of identity meets this incoherence and from there crisis occurs. Erikson and Marcia’s development theories describe this crisis and posit that the resolution of crises is the key to achieving coherence, to achieving a positive identity. Juvenile offending and offenders are met with specialized concerns in the realm of identity such as the concept of stigmatization, the idea that a criminal is not fully accepted into society and the construct of gender, as delinquency is often characterized as a male problem. The Coordinated Management of Meaning says that by improving our communication, that we better our social worlds. This has significant implications for juvenile offenders who, studies show, are typically ineffective communicators. Additionally, Social Identity Theory considers how the groups with which people align affects their personal identity. For a juvenile offender, the
social groups of which they are apart often have different meanings and stories than those of law enforcement and the rest of society. Identity change should involve the resolution of a crisis and the commitment to a coherent story about identity through improved communication skills.
CHAPTER 3

METHODS

Because identity change is such a complex topic, both quantitative and qualitative methods were utilized in order to get a richer understanding of the phenomenon as it applies to juvenile offenders and rehabilitation. The follow chapter gives an overview of the specific quantitative and qualitative methods that were used in order to answer and explore the research questions posed previously. The chapter begins with a description of the Missouri Division of Youth Services and the juveniles in it’s care and describes the sample of youth researched in this project. The procedures followed in undertaking this project are outlined and a detailed descriptions of the instruments utilized are given. Finally, an account of the process of data analysis is provided.

Setting

The Missouri Division of Youth Services is a statewide agency that is responsible for the treatment of youth committed to its custody by one of the forty-five juvenile circuit courts in the state. The Division provides the mandated services proscribed in the Revised Statues of the state of Missouri including assessment, care, treatment and education to all youth in its custody (DYS, 2009). The division is divided into five geographic regions. There are 32 residential facilities in the Division ranging from the most restrictive secure care to moderately structured to the least restrictive community based group homes. It is the philosophy of the Division to place youth in the least
restrictive environment necessary for their own safety and the safety of other youth, staff and the community (DYS, 2009).

The highest level of care is known as a secure-care facility. These are locked facilities and are home to the more serious offenders, those with extended offense histories, those who are high flight risks and those who have committed crimes against persons. These are generally longer-term programs, typically ranging from 6 months to one year.

The next level of care is known as a moderately structured facility. These follow a similar treatment approach as the secure-care facilities but are designed to provide a less restrictive placement for those offenders who have less serious offenses or shorter offense histories. These are short to medium length placements, ranging from four to six months.

The least restrictive environment is known as a “community-based” facility. These are generally group home settings and are typically shorter-term placements, ranging from 4-6 months. These typically house offenders with the least serious offenses and those who have limited histories with the juvenile system.

The researcher is employed with the Missouri Division of Youth Services and therefore access for this study was willingly granted but limited to seven residential facilities in the southwest region. One secure care facility, with thirty beds, three moderately structured facilities, each with twenty beds, and three community-based facility, each with ten beds, were included in construction of the sample. These facilities are located throughout the region with three in an urban area and four located in rural areas. The facilities typically house offenders who have a permanent residence within the region but occasionally will house offenders from other geographic regions.
Participants

The researcher visited seven facilities in the Southwest region on scheduled family visit days. Prior to visiting hours, all youth were informed of the project and their right to accept or decline participation. During the family visits, the researcher met individually with youth and their guardians and requested youth assent and parental contest from those willing to participate. Consent and assent was obtained from 58 youth. At the time of participation, 21 youth either declined to participate or were unable to participate due to behavioral or health concerns, or because of either authorized or unauthorized absence from the facility. Thirty-seven youth made up the final sample. Thirty-two participants were male (86.5 percent) and five were female (13.5 percent) for a representation consistent with the total population (85 percent male versus 15 percent female).

All but two participants identified as European-American/non-Hispanic (91.9 percent) with one participant identifying as African-American (2.7 percent) and one identifying as Latino (2.7 percent). This is inconsistent with the total population of the Division with 62.9 percent identifying as Caucasian, 34.6 percent identifying as African-American and 2.5 percent identifying as another race (DYS, 2008). While there is no data available on racial makeup of the Division’s southwest region, the racial distribution from the sample, however, is consistent with the makeup of the region with the numbers being consistent with the most racially diverse county in the region, Greene county, with a 93.5% European-American/non-Hispanic population, 2.8% African American population and 2.7% Latino population as reported by the U.S. Census Bureau (2009).
Participants ranged in age from 12 years to 17 years with a mean age of 15.28. The length of time since commitment to the Division of Youth Services was measured in days and ranged from 27 days to 1444 days with a mean stay of 229 days. Twenty participants identified that they were committed for non-violent felonies (classified as those that did not involve harm to another person), eleven were committed for violent felonies (those that did involve harm to another person) and three were committed for juvenile offense (those offenses that would not be considered crimes for adult persons). One participant declined to answer. Overall, based on staff and participant input, ten participants were classified in the early treatment stage. Nineteen were classified as being in a middle treatment stage and eight were considered to be in a later treatment stage. The Missouri State University Institutional Review Board approved this project on November 13, 2008 (Approval #09232). The approval letter can be found in appendix D.

**Procedures**

The study was proposed initially at a meeting with the Southwest regional director. After reviewing the proposal, the study was approved by the agency. The letter of permission, along with the project proposal were submitted to and subsequently approved by the Missouri State University Institutional Review Board (Approval #09232). A mass e-mail was sent to each facility manager in the region alerting them of the project and of their right to decline access to the researcher. Individual phone calls were then placed to each facility manager to ask them for permission and to set up dates for informed consent and assent collection and data collection. Two facilities declined to participate. Two to three dates were scheduled with each facility.
The first visit for each facility was on a Sunday during weekly family visiting hours. Youth were informed of the study in group meetings just before visiting hours began. Once parents and guardians arrived, each set of parents and youth were individually approached and informed of the project. Consent was requested of the legal guardians and assent, as each participant was under the age of 18, was requested of the youth. Participants were immediately given a participant number, which was stored electronically, to ensure confidentiality and signed informed consent and assent documents were securely stored away from any study data.

The second visit to each facility occurred approximately 1-3 weeks following the initial visit. Participants were seated together in a location removed from the non-participating youth in the facility and were given a survey instrument to complete. The survey consisted of 6 demographic questions, 88 quantitative measures, and 8 open-ended questions (each described below). Participants were encouraged to make notes on the survey and to ask for clarification on questions they did not understand. Surveys were collected immediately after completion and were sorted into treatment stages based on youth and staff input (early, middle and late treatment stages). Quantitative survey responses were entered into SPSS for analysis and qualitative data was transcribed.

A third visit was performed at three facilities in order to conduct interviews. Initially, twelve interviews were scheduled. One participant failed to participate due to an authorized absence from the facility. Interviews were performed using a interview guide based on the literature review and on collected survey data. Interviews were not audio recorded in order to fully protect the privacy of the participants therefore copious notes
were taken and transcribed being careful to keep intact direct quotes that were written down.

**Survey Instrument**

Overall, the survey instrument consisted of 88 quantitative measures of participant change in five areas outlined in the literature review: identity status, identity distress, gender identification, verbal aggressiveness and argumentativeness. Five previously developed scales were utilized for this study, the Extended Objective Measure of Ego Identity Status II (EOM-EIS2) by Bennion and Adams (1986), the Identity Distress Scale by Berman, Montgomery, and Kurtines (2004), a gender identification scale developed by Kulis and Marsiglia (1998) which was originally based on Bem’s Sex Role Inventory (1974) and the Adolescent Argumentativeness and Adolescent Verbal Aggressiveness scales developed by Roberto and Finucane (1997) based off of Infante and Rancer’s Verbal Aggressiveness Scale (1982).

The Extended Objective Measure of Ego Identity Status (Bennion & Adams, 1986) is a 64-item, 6-point Likert-type scale that measures the dimensions of interpersonal identity, including sex roles, friendship, recreation and dating, and ideological identity, including occupation, politics, religion and philosophical life-style. This measurement addresses the research questions regarding identity status and status change in juveniles. For this study, the survey included 6 of the subscales: sex roles, friendship, recreation, dating, occupation and philosophical life-style. Each subscale consists of 8 items for a total of 48 items on the survey instrument. The internal
consistency of these items was assessed by calculating Cronbach’s alpha which was 0.883, which is higher than the median alpha, 0.66, reported by Adams (1998).

The Identity Distress Scale by Berman, Montgomery, and Kurtines (2004) is a 10-item, 5-point Likert-type scale that assesses issue-related distress in seven areas (long-term goals, career choice, friendship, sexual orientation and behavior, religion, values or beliefs, and group loyalties) as well as overall identity distress that includes the extent to which uncertainty over these issues has interfered with day-to-day life. Reliability tests showed a Cronbach’s alpha of 0.875.

A 12-item, 5-point Likert type index by Kulis and Marsiglia (1998) based off Bem’s Sex Role Inventory (1974) was used to measure gender identity. It measures gender in four categories: assertive masculinity, aggressive masculinity, affective femininity and submissive femininity. The Cronbach’s Alpha test for reliability showed a 0.411 for assertive masculinity, a 0.537 for aggressive masculinity, a 0.737 for affective femininity, and a 0.644 for submissive femininity. As these reliabilities were far below an acceptable range, a principle components factor analysis with varimax rotation was conducted on the twelve gender identification items resulting in a different factor structure from the original scale. Four factors emerged. Table 1 shows the factor loadings for each question on the survey. The first was consistent with the concept of negative femininity and thus maintained a Cronbach’s alpha of 0.644. The second factor included both traditional feminine and masculine characteristics and therefore may be considered a mixed gender or androgynous identification. The question, “I am emotional and who my feelings to others” did not load on any factor but was close to loading on the second factor so reliability was tested for factor 2 with and without this question. Cronbach’s
alpha without this question for factor 2 was 0.599. Including this question, the Cronbach’s alpha was higher at 0.699 so the question was included within this factor. The third factor similarly represented both traditional feminine and masculine characteristics and, again, may be considered a mixed gender or androgynous identification. This factor had a Cronbach’s alpha of 0.729. The fourth was consistent with the concept of negative masculinity from the original scale and, as such, reliability tests showed a Cronbach’s alpha of 0.537.

Table 1. Factor loadings for the adolescent gender identity scale.

<table>
<thead>
<tr>
<th>Gender Identity Question</th>
<th>Factor</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel timid and shy around others.</td>
<td>Factor 1</td>
<td>0.765</td>
</tr>
<tr>
<td>2. I am too critical of myself or “get down” on myself.</td>
<td>Factor 1</td>
<td>0.739</td>
</tr>
<tr>
<td>3. I feel weak and helpless around others.</td>
<td>Factor 1</td>
<td>0.672</td>
</tr>
<tr>
<td>4. I tell people what I think, even if they disagree with me</td>
<td>Factor 2</td>
<td>0.790</td>
</tr>
<tr>
<td>5. I am skillful at getting things done and taking charge</td>
<td>Factor 2</td>
<td>0.720</td>
</tr>
<tr>
<td>6. I am a kind, warm, and gentle person</td>
<td>Factor 2</td>
<td>0.649</td>
</tr>
<tr>
<td>7. I am emotional and show my feelings to others.</td>
<td>Factor 2</td>
<td>0.570</td>
</tr>
<tr>
<td>8. I can tell when someone is feeling sad or depressed.</td>
<td>Factor 3</td>
<td>0.925</td>
</tr>
<tr>
<td>9. I am sure of my talents and abilities.</td>
<td>Factor 3</td>
<td>0.690</td>
</tr>
<tr>
<td>10. I feel superior to my classmates and peers.</td>
<td>Factor 4</td>
<td>0.812</td>
</tr>
<tr>
<td>11. I order around the kids in my class or neighborhood.</td>
<td>Factor 4</td>
<td>0.663</td>
</tr>
<tr>
<td>12. I like to show-off in front of others.</td>
<td>Factor 4</td>
<td>0.601</td>
</tr>
</tbody>
</table>
Finally, in order to measure verbal aggressiveness and argumentativeness, the adolescent verbal aggressiveness and argumentativeness scales developed by Roberto and Finucane (1997) were used. The Adolescent Verbal Aggressiveness Scale consists of eight items on a five point Likert-type scale. The Cronbach’s Alpha calculation for internal reliability was .751, which is only slightly lower than the Cronbach’s Alpha of .76 reported by Roberto and Finucane (1997). The Adolescent Argumentativeness Scale is a five point Likert-type scale with ten items. The test for internal reliability indicated a Cronbach’s Alpha of .884, which is higher than the Cronbach’s Alpha reported by Roberto and Finucane of .81 (1997).

**Open-Ended Survey Questions**

There were, overall, eleven spaces on the survey that allowed for open-ended responses. Each individual section of the survey concluded with a statement that asked if there was anything else the participant would like to share on that particular topic area as well as several blank lines for writing. In addition to these spaces, there were seven open-ended questions at the end of the survey. These questions asked about treatment from other people since being involved with the law and the Division of Youth Services, perceptions of treatment of the opposite sex, individual and witnessed change during DYS programs, relationships and conflict with other group members, and family relationships. The survey concluded with a catchall question prompting participating to share anything other relevant information about their experiences with change or with their DYS program. The full survey instrument may be found in appendix C.
Observations

Observations were conducted during the initial meeting where survey and interview consent was obtained and again during the administration of the surveys. During both observation periods, interactions between group members and staff were the primary focus. The researcher was able to observe group and youth-staff interactions in various contexts including during daily chores, during meal times, during school and during family visits. Each of these observations provided insight into the inner-workings of DYS facilities and the interactive processes behind identity formation and change, including conflicts between staff and youth as well as youth and youth.

These observations helped to inform a number of the interview questions, particularly those investigating coherence and incoherence and verbal aggressiveness. Field notes were taken immediately after leaving each facility so as not to draw attention to the researcher or potentially influence the actions and behavior of participants. Those notes were used in the construction of the interview guide to be used later in the research process and also during qualitative data analysis.

Interview Guide

An interview guide was designed out of the review of literature on the topics of stigma, coordination and coherence, social identity and peer groups and change. The full interview guide may be found in appendix D. A total of 11 interviews were conducted and were intended to inform on the individual experiences of youth in ways that surveys and observations cannot. Interviews are valuable in “illuminating the experience and
interpretation of events by actors with widely differing roles and giving voice to those whose views are rarely heard” (Sofaer, 1999).

The concept of stigma was explored with questions regarding many of the important people in the youth’s lives including parents, family, teachers, friends and peers, and general acquaintances. Youth were asked if these people had treated them any differently or had made them to feel any different after their first encounter with the law and if that had changed as they progressed through the system (from unsupervised probation to supervised probation to county detention and/or other municipal juvenile residential facilities to the Division of Youth Services). Youth were also asked to speculate about their release from a Division of Youth Services program and what those relationships would look like after having been through a treatment program.

Coordination and coherence was examined with inquiries about youth experiences with previous law enforcement officials and their experiences with both group and staff members upon entering a Division of Youth Services facility. Youth were also asked if their experiences with group and staff members had changed during their time in residential treatment. The emphases in these questions were on conflict and identification with group members who had been in treatment longer and those that had been there a shorter amount of time as well as on identification with staff members as well as conflict with them.

Social identity and peer groups were explored by asking about peer relationships both outside the facility and within the facility. Questions included those about influence over one another and about youth peer involvement, particularly with outside friends. These questions additionally attempt to assess if youth believed they associated with
positive or negative friends the majority of the time. Participants were also asked if they planned on continuing relationships they have formed during their stays in the facility as well as continuing or discontinuing those relationships they had prior to commitment to the Division of Youth Services.

Finally, participants were asked if they believed they had changed and whether or not they had seen change occur in others. They were asked to describe how that change occurred and whether or not it was a voluntary process. The youth were also asked to describe what factors either helped or hindered the motivation and effort to change.

**Data Analysis**

Upon receipt of all completed surveys, data were entered into SPSS 16 for analysis. Reliability tests were performed as described above and necessary questions were dropped from further analysis to improve survey reliability. Items were accumulated to make summary analysis for each variable. Analysis of variance tests were deemed appropriate based on the nominal independent variable of the three treatment levels and the interval level of the dependent variable in all nine cases. Once the data were satisfactorily entered, nine one-way analysis of variance tests were performed.

Interview and open-ended questionnaire data was analyzed using a constant comparison process. Each interview data was transcribed and coded into themes. Initial categorizations were based out of the literature review. Each interview was coded first into the initial categories. Once sorted in initial categories, participant responses were compared against one another and further categories were constructed. This process was repeated until no new themes emerged. Once saturation of themes occurred, results were
compared against the literature review, further existing research, survey results and the observations.

Those portions of the interviews that did not easily fit into a category were set aside for further analysis. Those uncategorized portions of data were then compared against one another until additional themes were constructed. Further research was conducted in order to provide a basic explanation of the results and to develop directions for future research.
CHAPTER 4

RESULTS

This chapter reports the results of the study outlined in the previous chapter. Each research question posed in the second chapter appears here in order and both quantitative and qualitative results are outlined, if applicable. This chapter concludes with a discussion of the emergent themes from the survey and interview data that were not necessarily relevant to the research questions but are interesting concepts and starting places for further research. The results reported here will be further discussed in chapter five.

Identity Status

Research question one asked which identity statuses were characteristics of youth in each treatment stage. The Objective Extended Measure of Ego Identity Status gives two methods of scoring. The first classifies respondents into a single identity status based on analysis of scores in each area (achievement, moratorium, diffusion and foreclosed). As only one participant was classified in a single status, no statistical test was performed. That participant classified in the foreclosure status and was in the middle treatment stage. The remainder of the participants were classified as “transitional” meaning they were transitioning between two statuses.

The other method of scoring the Objective Extended Measure of Ego Identity Status classifies participants by examination of raw scores. Through examination of the raw scores, 22 participants scored highest on the foreclosure related questions indicating
that these youth have adopted commitments to certain identities from others but have not yet “tested their stated commitment for individualized fit” (Adams, 1998, p. 10). Twelve of these participants were classified as middle treatment, five of them as early treatment and four of them as later treatment. Ten participants scored highest on the diffusion related questions, which indicates that these youth are currently in crisis but have not yet decided on an identity. Five of these participants were classified as being in middle treatment while two were in early treatment and three were in late treatment. Three participants scored equal numbers on more than one status (one participant scored equally on achievement and foreclosure in middle treatment, one scored equally on foreclosure and moratorium in early treatment and one scored equally on moratorium, diffusion and foreclosure in middle treatment). A one-way analysis of variance was performed and no significant difference between raw identity scores and treatment stage was found ($F(2, 36) = 0.165, p > 0.05$).

**Identity Distress**

Research question two asked if identity distress levels were related to treatment stage. Only 27 participants fully completed the ten identity distress questions resulting in only a 73% response rate. From the completed surveys, a one-way analysis of variance was performed. No significant difference was indicated between issue identity distress levels ($F(2, 36) = 0.490, p > 0.05$) or in overall identity distress levels ($F(2, 35) = 0.407, p > 0.05$) and treatment stage.

Fifteen participants commented on identity related distress on the questionnaire. Each participant that commented focused on a different aspect of identity including
career goals, friendships, sexual behaviors and orientation, self-esteem, relationships, behavior and the ability to deal with basic life stressors. Each of the three treatment stages was represented and no one treatment group had significantly more representation than the others. It appears that treatment has little effect on identity distress and that identity distress may be more of an individualized process rather than something that occurs in all treatment cases.

**Delinquency and Stigmatization**

Research question three asked if youth have experienced stigma based on their involvement with the law and, if they do, how they manage that stigma. Thirty participants indicated that they had been subjected to differential treatment. This treatment was described as both positive and negative. All but one of these participants indicated that they had experienced poor treatment by others based on the fact that they had law violations. This negative treatment was experienced from several sources and participants could be arranged into four subsets based on the sources of poor treatment: everyone, friends, family and non-guardian authority figures.

The first subset of participants, both male and female, suggested that nearly everyone who had learned of their law violations treated them differently. These eight participants emphasized the unfairness of this treatment.

Male Participant 1: People just judge you before they even get to know you. Everybody makes mistakes but it doesn’t give people the right to treat you different from other people.

Female Participant 1: People treat you differently. People will ignore you and get scared because they’re scared you’ll do something bad to them.
Three participants in this subset suggested that different or negative treatment was based on the type of offense they had committed:

   Male Participant 2: Other tend to say nasty things to people who have been child molesters, rapists and even just people that do things they don’t like of me like that.

Eight participants indicated that it was generally their peers that treated them differently based on the knowledge of their law violations. Five of these participants indicated that the knowledge of their peers that the participant had been involved with the law led to bullying behaviors because their peers knew they would not be able to fight back without getting into further trouble. This group was made up of exclusively males.

   Male Participant 3: This kid wasn’t on probation so I told him I was and he started picking on me and saying I couldn’t fight him. One time I had missed the bus and I brought my breakfast to school and he grabbed it from me and he started eating it. Then he grabbed my milk and threw it all over me. He knew he could get away with doing things like that because I couldn’t respond because I’d get locked up. I tried to ignore him but I just felt really disrespected.

Another subset of this group indicated that their peers would judge them and make false assumptions about them based on the knowledge of their law violations.

   Male Participant 4: Other kids judged me because of being in trouble. Like they would think I was selling crack rocks. I just had to ignore them and stick with friends.

Another subset of the negatively stigmatized participants indicated that their family had been the source of differential treatment. This group of four was primarily female, although not exclusively, and most participants indicated that they did not live with their biological parents but instead with other family members, such as grandparents or aunts and uncles.

   Female participant 2: My family has treated me differently. My aunt and uncle, they like, throw it in my face. They really just made me feel like I was different from them. No one else really though.
Male participant 5: Some of my own family members did [treat me differently]. I would go off and cuss at them or, um, hit them.

The final group of nine participants that suggested they were treated negatively based on their law violations indicated that the source of negative treatment was non-guardian authority figures such as teachers or law enforcement officials. These participants indicated that authority figures would make the assumption that every action made by the youth was negative. This group was both male and female.

Female Participant 3: Teachers would just watch me really closely. I would like get up to sharpen a pencil or something and they would freak out and say like, ‘oh I though you were just going to walk out’ and it’s just like ‘nope, just sharpening a pencil.’

Male Participant 6: Teachers at school and police officers look at me as if I was always starting trouble.

Overall, both males and females indicated that they managed the conflict in one of two ways: by negatively acting out or by ignoring it/ spending more time with non-judgmental or other troubled peers.

Conversely, thirteen participants indicated that while others had treated them differently as a result of their law violations, the treatment was actually better. Unlike with the participants that had indicated negative treatment, those that had experienced positive treatment suggested that the positive treatment was limited to one type of relationship: peers, family or teachers.

Six participants indicated that some of their peers viewed them in a more positive light after learning of their law violations. Those peers tended to be negative influences. They expressed that positive attention led to further law violations and more associations with delinquent peers. This will be discussed further in question number eight.
Male Participant 6: The negative people at school looked up to me more after I got in trouble.

Male Participant 4: Some kids looked at me like I’m cool because I stole cars and drank alcohol and some probably think I’m stupid.

Four participants indicated more positive treatment from their families after their law violations. This positive treatment was overall unexpected from the youth and resulted in more attention from the families to the youth.

Male Participant 7: My parents treated me better. I was not expecting more privileges and I could almost get away with more. It was just much better.

Additionally, most participants believed that the positive treatment was out of concern for the youth and it was an attempt to stop further law violations. This positive treatment resulted in closer relationships between participants and the family unit.

Female Participant 3: My family, they treated me differently, but better. They paid more attention to me because they didn’t want things to get this far. They’ll be more strict when I get home. That’s better. We’ll be closer, we are already.

Finally, three participants indicated that they received more positive treatment from their teachers after having been involved with the law. They indicated that teachers were generally more supportive and that this treatment enabled them to do better in their classes.

Male Participant 4: When I was in drug court, I was treated differently, but better. I was able to start doing what I needed to do. It was teachers especially that treated me better.

Male Participant 8: My teachers were really more supportive. They were doing everything they could to help me, some of my friends were too. I would say that the support has really increased with everyone.

While two participants reported no negative treatment from anyone, most participants indicated that while they did receive positive attention as a result of their law
violations from certain groups, they had received negative attention from other groups as well.

Gender Differences and Experience of Stigma

Research question number four asked if males and females experience stigma differently. Eleven participants indicated that they believe the opposite sex was treated differently because of their law violations and the majority of these believed that males were treated more harshly than females. Participants indicated that this harsher treatment was from both the system as well as from peers.

Male Participant 9: My sister is in DYS. For the first time she was in it she didn’t go to a program, the first time I did I came to [program], the second time she got committed to DYS she went to [program].

Male Participant 1: Yes, because men are thought of like ‘why did you do this? Oh, so you’re a criminal because you wanted to get away from your problems.’ Men or boys are treated differently than from girls.

Two participants suggested that while males were treated more harshly than females, that this was understandable, if not fair, because men were stronger or more capable of harming others than females.

Male Participant 3: Yes, I feel like girls get a less harsh punishment than boys but I think it should be that way. Men are supposed to be more punished. Women should not have to have that same punishment. Men should work and pay for stuff and women should cook and clean up others things. They want to do this and they should do what they want.

Female Participant 4: Boys get treated a lot differently. They’re tougher so they get treated harsher. They could hurt someone or kill someone and like with girls you just don’t think of them like that so they don’t get treated like a criminal. It’s really not fair.

Nearly all (twenty-nine) respondents expressed the sentiment that treating juvenile offenders differently based on their gender was unfair. This sentiment of unfairness
varied among two themes: other’s perceptions of them and disrespect. Females clearly expressed more concern about others perceiving them as “bad people” while males expressed more concern over disrespect. Three females (of five total) indicated specific concern of others viewing them as criminals or bad as represented by this participant.

Female Participant 4: That [other people think of me as a criminal] scares me because I am a good person and I don’t want others to think of me like that.

Males tended to be concerned that negative treatment was a sign of disrespect. Respect was a common theme throughout the majority of the male participant interviews and disrespect was described as the worst possible outcome of interaction.

Male Participant 10: I don’t like disrespect at all and that’s what usually happens with others [besides my friends].

In summary, youth experienced differential treatment in large numbers. The majority of this stigmatization was negative treatment by family members, teachers, law enforcement and peers. Interestingly, youth also experienced positive treatment as a result of their law violations in addition to the negative treatment. The sources of positive treatment were the same as those that offered negative treatment, family members, teachers, law enforcement and peers. Youth perceived more negative treatment directed toward males but both males and females said any negative treatment based on law-violations was unfair. Males and females perceived this unfairness differently. Females were most concerned with negative perceptions by others and males were most concerned with signs of disrespect. These results have implications for further research, discussed in the proceeding chapter.
Gender Identity and Treatment

Research question number five asked if there were differences in gender identification between the treatment stages. Four one-way analyses of variance were run. No significant difference was indicated between negative femininity and treatment stage (F(2, 36) = 2.217, p > 0.05) or negative masculinity and treatment stage (F(2, 36) = 0.580, p > 0.05). Of the mixed gender factors, no significant difference was found between the first mixed gender factor (Factor #2 included the following questions: I tell people what I think, even if they disagree with me, I am skillful at getting things done and taking charge, I am a kind, warm, and gentle person and I am emotional and show my feelings to others) and treatment stage (F(2, 36) = 0.861, p > 0.05). Additionally, no significant difference was found between the other mixed gender factor (Factor 3 included the following questions: I can tell when someone is feelings sad or depressed and I am sure of my talents and abilities) and treatment stage (F(2, 36) = 0.134, p > 0.05).

Only five participants made comments related to gender identity on the survey and two made comments about it during the interviews. Overall these participants described how they saw themselves as mixed gendered.

Male Participant 1: I am a strong individual but I have a lot of emotional feelings about life and always feel that things get taken away from me or I’m feeling along. I work hard to do better and people throw it back in your face like you’re nothing. That’s what I see of myself.

Male Participant 3: I see myself as a person who is shy at first and then I get more comfortable. I think I am open-minded to life. I have got a lot of compliments saying I am a gentlemanly man. I see myself as very respectful to women. I see myself as an easy person to get along with.

Each of the treatment stages was represented in these responses. Further discussion of gender and the conception of gender for these youth appears in the following chapter.
Incoherence and Treatment

Research question number six asked if youth experience incoherence upon commitment and during treatment to a Division of Youth Services facility and if youth also experience coherence. Participant’s discussion about incoherence centered around two themes: a change from incoherence to coherence over time and a consistent experience of incoherence with changing groups (staff, new and old group members) over time.

Twenty-two participants indicated that they experienced great incoherence upon entry to their DYS facility. They described this incoherence as feeling as though no one understood them, like they could not relate to other kids or the staff and as conflicts with group members that had been in the facility for a great amount of time and conflicts with staff members. Some participants suggested they still felt great incoherence at the time of the interview or survey. These participants tended to be in the early stages of treatment although a few were in the middle stage.

Male Participant 11: When I first got here I got in trouble for sub-grouping, there were only one or two people that I liked and I didn’t want anything to do with the others. I didn’t like them because they were snitches, if you had one little mess up you got feedback from them. Most of them are gone now because they were about to leave when I got here.

Male Participant 12: The first week I was here they don’t really want you to talk so at first I just sat back and watched the group and after awhile starting talking. I don’t really have anything besides the racing and the drug use so it’s hard to relate. I try to give feedback to others. Well it’s like I just can’t relate to the group because like I haven’t had the same kinds of issues like my parents don’t do drugs or I haven’t had only one parent.

Thirteen participants described feeling incoherence upon their arrival to their respective program but that incoherence lessened after having been in the program for a certain amount of time. These youth said that this coherence was something that happened
gradually and that after awhile they felt more understood and had more understanding themselves of their treatment program.

Male Participant 13: There was this one staff who would be really nice one time and the next time he’d get really mad. Over time I realized he would be loose with you if you were doing what you were supposed to be doing. I have really bonded with staff over the last five months.

Male Participant 8: It was hard when I first got here. I found it so hard. I just wanted to see things one way and I didn’t think there were two sides, just my side. I can definitely identify with staff now. I am being more open not only to staff and the group and I get everyone’s input, like all possible input. When I first got here I just thought they were being jerks, when they were explaining things I just thought they were being hateful. You really have to see both sides though…like when I first got here I hated duties. I started seeing why staff has us do them and getting stuff out of them besides just cleaning. We are applying lessons to things that I can use on the outside.

The final classification of participants who spoke about incoherence suggested that they continually experienced it throughout their programs. However, it was centered around different people in the early, middle and later stages. These participants described this incoherence primarily as conflict with members of their groups.

Female Participant 3: I get in conflicts with both people that have been here a longer and a shorter time than me. The longer girls think that I don’t know what I’m talking about because I haven’t been here as long. The girls who have been here shorter time just like think they know more but like I’ve been here longer.

Male Participant 14: I used to get in more conflicts with people that had been here longer but now I get in more conflicts with people that have been here less time.

It appears from this data that the majority of participants felt some type of incoherence upon entry to their residential facility and that incoherence lessened toward the end of their treatment programs. Additionally, it appears that while incoherence lessens through the treatment program, it is nearly always still existent within the treatment group because of the different stages that exist within a group.
Verbal Aggressiveness, Argumentativeness and Treatment

Research question number seven asked if there was a difference in verbal aggressiveness and argumentativeness levels between treatment stages. A one-way analysis of variance indicated a significant difference in verbal aggressiveness levels between treatment stage \( (F(2,34) = 5.219, p < 0.05) \). Bonferroni post-hoc tests indicated that those in the middle treatment stage had the highest verbal aggressiveness scores. Those in early treatment stages had slightly lower verbal aggressiveness scores and those in late treatment stages had the lowest levels of verbal aggressiveness. This can be seen in Figure 1 below.

![Figure 1. Verbal aggressiveness levels at various treatment stages.](image-url)
A one-way analysis of variance indicated no significant difference in argumentativeness $(F(2, 36) = 2.868, p > 0.05)$. Although nothing can be assumed, argumentativeness was nearing statistical significance and a trend is observable with further examination of the graph. Without statistical significance however, this is little more than speculation. Argumentativeness levels at the three treatment stages may be seen in Figure 2, below.

![Figure 2](image)

Figure 2. Argumentativeness levels at various treatment stages.

Eighteen participants elaborated on the survey with additional comments about verbal aggressiveness and argumentativeness. Many participants seemed to take the viewpoint that all arguing was negative, which seems to suggest that the majority of their
experiences with arguing were actually more verbally aggressive, as suggest by the following participants.

Male Participant 1: When you argue with someone it's not getting you anywhere and just makes things worse for you or the other person. I hate arguing. I would rather try to talk to them in a calm manner.

Male Participant 12: I rarely argue with people just because I didn’t like to but when I did it would often end up in fistfights.

Male Participant 15: My friends and I make fun of people who are stupid... I never do like arguments. I have always done well in communicating with others.

More participants in the later treatment stages indicated a preference for more argumentative behaviors rather than verbally aggressive behaviors.

Male Participant 4: I try to be logical when I argue because it makes it more civilized and easier to communicate.

Male Participant 16: I think I always at least try to listen to the other person’s opinion. I always believe that everyone has a voice and that they should speak up. I think arguing is stupid.

Overall, the short answer data was consistent with the survey data and suggests that rehabilitation programs have an effect the verbal aggressiveness levels of youth who complete them.

Delinquent Peer Groups

Research question number eight asked if youth have been involved with delinquent peer groups and if they plan to continue with these relationships after release. Thirty-six participants indicated that they had associated with others that were in trouble, while one participant indicated they did not associate with anyone, delinquent or otherwise. All of the participants that indicated that they had associated with delinquent peer groups could be categorized in one of three groups: those that claimed only they
were influenced, those that claimed that they had only influenced their friends and those
that had simultaneously influenced their friends and been influenced by their friends,
both positively and negatively.

Male Participant 13: They influenced me. I knew it then because my grandma and
mom said that I needed to not hang out with them because they were getting me in
trouble. I said like ‘yeah, but who else will I hang out with?’ You know, if I’m not
in a group I’ll get noticed…You know like in a mob if there is that one person on
the outside of the group then like people notice them and they get ganged up on.

This particular participant’s indication that the association with a negative peer group was
based out of a desire to not get bullied is an interesting concept and will be discussed
further in the following chapter. The next classification of participants indicated that they
had been the leader of their peer groups and had influenced others to engage in
delinquent behaviors

Male Participant 4: Before I went to drug court I influenced a lot of my friends, I
introduced them to a lot of new things and set a bad example. At the time I just
though it was the fun example. After drug court everyone said I had to stop so a
month later I got all new friends. I went back to bad friends though and not to
school and work and now I’m here.

The final and most frequent occurring classification of participants were those that
indicated that they both influenced and been influenced to engage in delinquent
behaviors.

Male Participant 17: We both influenced each other. I influenced them to do weed
and pills. They influenced me to do inhalants and other things like meth and stuff
and cocaine. I realized this when I got here. I probably won’t be hanging out with
them because I’m moving. I’m going to make new friends and I won’t use
because of UAs. When those are over, I’ll find something else to motivate me.

Thirty-three participants that had admitted to associations with delinquent peer groups
indicated the intention to discontinue the relationship after release from their DYS
program.
Female Participant 3: I had negative friends. I’m not going to maintain them. I’ll try to avoid them but I have self control now so if I see them, it’ll be ok. I’ll be ok. I influenced them and they influenced me. You know, I knew it when it was happening. I just need to start to think before doing and like I was picking my friends over my parents. It was bad. I won’t do that anymore.

Fourteen expressed concern over the difficulty of this task. There was concern about making new friends and resisting continued relationships with old, negative influences. Many participants revealed this concern when prompted on the identity distress survey and many indicated that friendships have been a major source of distress.

Male Participant 16: For the past 3 to 4 years all my social friendships have been negative. And I am very worried about how I’m going to move and find new positive relationships.

Overall, the responses regarding association with delinquent peer groups were consistent with research. All but three participations that admitted to having negative friends indicated a desire to end these associations. This theme will be discussed further in the following chapter.

**Additional Themes**

Outside of the research questions, many other themes emerged from the data. These will each be covered further in the discussion on future research in the subsequent chapter.

**Treatment Families.** One common theme that emerged was the construction of family within treatment groups. Several youth indicated that the group as a whole served as a family for them while they were in treatment or that a fellow group or staff member served as a parental figure.
Female Participant 2: My favorite person in the group is like my mom here, we’ve been through the same stuff. It’s just easy to relate to her. It’s always easier when two people are alike, it’s easy to lean on each other.

Male Participant 17: My past group was really understanding. It was a big family, it felt good. This new group is different. They’re not like a family. They’re more at each other’s throats. It’s like the Civil War! All these people have different beliefs, morals. We can be friends at one point and then it blows up.

Female Participant 5: My favorite staff reminds me of my mom. She is caring, funny, strict. I like structure. If I don’t have it I find something to do negative and it engulfs me.

This construction of family during the treatment process was thought to be one of the most helpful elements of their respective treatment programs. This concept will be described further in the following chapter.

Self-Esteem. Self-esteem was a theme that appeared in many discussions. The majority of comments that would suggest lower self-esteem came from those in early to middle treatment stages while those that would indicate higher self-esteem came from those in later treatment stages. Those in earlier to middle treatment stages often indicated that they felt worthless, stupid, or unwanted.

Male Participant 18: I feel the need to put myself down so no one else has to.

Male Participant 19: I want to be a photographer, I’ve been wanting to be one for awhile. I don’t know if I’m even smart enough to go to college to be one.

Male Participant 1: I hate being alone and feeling alone all the time like there’s just a void.

Those in later treatment stages tended to make comments that suggested higher level of self-esteem.

Male Participant 11: I’m great when I set my mind to something.

Female Participant 5: I am beautiful.
Not all participants commented on self-esteem so it is impossible to determine whether or not treatment has an effect on self-esteem. Discussion on further research appears in the following chapter.

**Ability and Desire to Change.** The concept of the desire and ability to change was another theme that emerged in both the survey data and the interview data. This was a concept that appeared in the literature review in regards to stigma but it no participants mentioned stigma as being the catalyst to change. Instead, participants indicated that change was a choice as well as a gradual process and that it was the program itself that encouraged change.

Male Participant 13: It’s gradual. You don’t just wake up one day and everything is fixed. It takes a lot of work. I realized I needed to make changes when it was really bad ice storms and my family couldn’t come to visit and I was supposed to get home passes and I didn’t because I was acting goofy and doing stuff. I realized that I needed to start working at the changes.

Female Participant 4: My favorite thing is the help. There is so much help and you want to change. You just want to. If you don’t, you come back here or to jail so you want to change.

Male Participant 16: I use to think that I was nothing when I used drugs. It was like a bottomless pit I was falling into. But now I’m totally different, I really do feel a lot stronger as a human being. And do believe I can do and conquer anything in life as long as I put my mind to it.

Additionally, three participants indicated that change was hard after having certain experiences, particularly traumatic experiences. These participants suggested that while they were working towards change, they would never change completely.

Female Participant 5: Trauma is hard to deal with. You can’t be expected to change all the way. It is human nature is resist change. I’m not going to change myself unless I think I need to change and I am working on what I feel I need to change.
Nearly all participants indicated that change had occurred during their treatment programs. Some participants could provide specific examples of things they had changed, such as respect for authority or expression of emotions, but others could not pinpoint specific changes. This is a concept that will be further discussed in the subsequent chapter.
CHAPTER 5
DISCUSSION

Overall, youth view themselves as changing and recidivism rates indicate change. Identity formation and change, however, may not occur in the way that research might suggest. This final chapter discusses the results found in the previous chapter and provides directions for further research. Additionally, strengths and weaknesses of the present study are discussed.

Identity Status

Although results from the Extended Objective Measure of Ego Identity Status showed no significant difference between treatment groups, it did show that the majority of participants scored highest on the foreclosure related questions. Typically, youth that are considered to have a foreclosed identity have adopted commitments imposed upon them by parents. With foreclosed youth, it is important to note that they have not actually experienced a crisis themselves (Adams, 1998).

Within the context of juvenile treatment programs, the program serves as the authority or the parent. It is possible that identity commitments are adopted by youth as a part of their treatment program. True crisis, and therefore commitment, may actually occur after release. This would indicate that release from a treatment program is the catalyst for the onset of crisis rather than entry. Part of the success of treatment programs, therefore, occurs because they prepare youth to experience crisis after youth are released.
from their care. This preparation ensures that youth are prepared and educated to make appropriate identity commitments.

Further research would need to be conducted to verify this hypothesis. The sample should be expanded to include a number of participants that have been released from residential programs for short and longer periods of time. The participants could take the Extended Objective Measure of Ego Identity Status and be compared to those youth that were currently in treatment, much in the same way that treatment stages were compared in the present study. This sample and study could possibly determine if crisis actually does occur after release.

Similarly to the identity statuses, identity distress was consistent among the treatment stages. Further research that includes a post-treatment group should also analyze identity related distress among those youth to determine whether once crisis is potentially initiated after release if identity distress increases, decreases or remains stagnant.

**Stigma**

The majority of youth reported that they had been treated differently after their initial law violations. Most youth reported experiencing different treatment from parents, teachers, law officials and peers. Males and females both reported the experience of stigma. The perception of participants indicated, however, that males were stigmatized at a greater level than females.

Males and females indicated similar fears in regards to being stigmatized based on their past actions, but they phrased those fears differently and the emotion associated with
those fears was different. Females expressed worry that others would think of them as “bad people” while males expressed anger over being “disrespected.”

Both males and females reported that they dealt with stigmatizing treatment though aggressive and other acting out behaviors. Each participant that indicated the use of aggressive behaviors prior to their residential placement also indicated a learned ability to handle stigmatized treatment in a more productive manner. Further research that includes participants who have been released would give a more comprehensive look at the management of stigma for youth in and out of residential treatment programs.

While the majority of youth did report negative treatment from some after their initial law violations, some treatment was more positive, based on the individual and the relationship. Positive treatment, as suggested by some participants, by teachers, parents and law enforcement may have been an attempt by those actors to provide greater support to the youth to help keep them out of trouble. As one youth suggested, teachers and parents particularly, are surprised by law violations and think that by providing youth with more support that they can prevent further law involvement. While youth indicated that they liked the positive attention, they also indicated that it was not affective in preventing subsequent delinquent behavior. Positive treatment by parents and teachers may actually be reinforcing negative behavior. If this is the case, reducing delinquency may be aided by comprehensive training for parents and teachers on the signs of high-risk behavior so that positive treatment may come before the onset of negative behaviors.

Positive treatment by peers was more admiration based, participants suggested. Popularity as a byproduct of delinquent behavior is consistent with research. Becker and Luthar (2007) report that aggression and delinquency can provide access into prestigious
groups of peers particularly within lower socio-economic groups, although drug use tends to result in popularity among those in higher socio-economic groups.

Many youth suggested that, even after initially getting caught, they continued to engage in delinquent behaviors because of the positive attention from their peers and because of the sense of belonging that came along with that popularity. Conversely, four youth indicated that their friends encouraged them to engage in delinquent behavior but then distanced themselves from the youth once they got involved with the law. This would indicate that in some cases delinquency brings popularity but getting caught negates that popularity. Regardless of the consistency of popularity, this concept has implications for youth as they may desire to continue or engage with new negative peers groups after release.

**Social Identity**

Thirty-one participants reported the intention to discontinue previous negative peer relationships after release. As supported by the previous discussion on popularity and delinquency, most youth reported to have both been influenced by their peers and exerted influence over their peers. Most participants indicated that they did not realize this influence until after their commitment to their treatment program, even some participants’ parents or other authority figures suggested the influence to them at the time. Seven youth were told by authority figures to discontinue their relationships but those requests were largely ignored by participants. While the majority of the influence exerted by peers on the participants was negative, a limited amount of positive influence came from peer groups in extracurricular activities such as school-sponsored
organizations or church youth groups. This would indicate that a key component in ensuring youth do not become re-involved with negative peer groups is to provide and involve youth in positive extracurricular activities, such as clubs and sports.

While most youth report the intention to discontinue relationships, it is impossible to determine whether they actually do discontinue all negative associations. Recidivism rates would indicate that they do however it is impossible to know whether this is true. Future research would need to be conducted that, again, included participants who have been released from residential programs. In cases, particularly, where popularity was directly tied to delinquency, research should be conducted to examine how youth manage the return back to the community. It would be important, especially in regards to this question, to include participants who have been completely released from the Division of Youth Services. This is crucial because there is an aftercare period during which youth live in the community but are still intensively monitored by service coordinators and other youth workers. Youth may be more likely to not become involved with negative peers during that period due to the threat of being sent back to a residential program. Without the influence of the Division, however, youth might be more likely to return to their old patterns of behavior.

Incoherence

Results from the interview and short answer questions on the survey indicate that youth experience incoherence throughout their individual treatment programs. The sources of this incoherence, however, changes during the various treatment stages. Early in programs, it is staff and senior group members that tend to be the source of
incoherence while coherence is achieved with those group members who are also in the same stage of treatment. Later in the treatment program, the source of incoherence changes from senior group members and staff to newer group members. Coherence then begins to occur with staff and maintains with those in similar stages of treatment. These results are not surprising as it makes sense that youth would have incoherence with staff and senior group members upon commitment because the two groups views on life do not mesh. As a youth becomes accustom to their program and begin to accept and implement the changes proposed in their treatment, it would make sense that those communicative behaviors would not mesh with those newer members of the group, as they have not yet lived similar experiences.

These results have implications for the social worlds that youth are members to in the community. While there is most likely great coherence between youth and delinquent peer groups prior to commitment to a rehabilitation facility, a truly rehabilitated youth would most likely experience great incoherence with that same peer group upon release into the community. This incoherence with negative friends may act as a protective factor as youth return to the community. Additionally, increased coherence with adults and law enforcement may add to this protection. However, as discussed previously, if popularity is tied to delinquency is certain cultures, youth may find it difficult to maintain incoherence with delinquent peer groups. Further research should focus on these two possible outcomes and the sample should include youth who are post-treatment for varying periods of time.
Gender

While there was no significant difference found between gender identification and treatment stage, results did indicate that this group of participants conceives of gender differently than traditional constructs. The original gender scale organized youth into four groups: aggressive masculinity, assertive masculinity, affective femininity and submissive femininity. Participants responses, however, organized gender into four unique constructs. Youth recognized the traditional constructs of aggressive masculinity and submissive femininity, which is not surprising as research states that most delinquent youth fall into one of the extremes of gender identification.

Rather than recognizing assertive masculinity and affective femininity, however, youth organized the other two constructs as mixed gender representations of these two. The first included the traits of assertiveness with questions “I tell people what I think, even if they disagree with me” and “I am skillful at getting things done and taking charge”, a primarily masculine trait, and a nurturing vulnerability with questions “I am a kind, warm and gentle person” and “I am emotional and show my feelings to others”, primarily feminine traits.

The other construct was confident sensitivity (“I can tell when someone is feeling sad or depressed” and “I am sure of my talents and abilities”). This construct combines both traditionally masculine and traditionally feminine characteristics. It appears that, through these two androgynous constructs, these participants conceive of gender differently than the norms of society. Trends in interview answers also indicated that most youth self-identified themselves as holding mixed-gender traits, such as being caring and competitive. This might suggest that treatment programs encourage an
androgynous ideal of gender identification. While more research should be conducted to prove this speculation, it appears that youth in treatment programs view gender differently and successful completion results in a movement toward androgyny. If this is occurring, this shift in gender identification may also serve as an additional protective factor for youth upon release. Youth who may have previous identified on the extremes of masculinity or femininity would possess traits after release that would discourage the problem behaviors that are associated with the gender extremes.

**Verbal Aggressiveness and Argumentativeness**

This study showed a significant difference between youth in the various stages of treatment for verbal aggressiveness but not for argumentativeness. Argumentativeness, however, was nearing significance (p = .07). As verbal aggressiveness and argumentativeness are considered to be linked, it is not surprising that they showed similar patterns in terms of treatment stages. As stated in the literature review, verbal aggressiveness is considered a communication skill deficiency while argumentativeness is considered a communication skill proficiency (Roberto & Finucane, 1997). It is an interesting result that verbal aggressiveness levels did reach statistical significance while argumentativeness did not.

The open-ended responses to the verbal aggressiveness and argumentativeness questionnaires indicated that youth viewed arguing as a purely negative act. This suggests that participants did not view verbal aggressiveness and argumentativeness as separate constructs. This result is supported by Roberto and Finucane (1997). They state that, unlike adults, children and teens do not distinguish verbal aggressiveness and
argumentativeness. Anderson and Rancer (2007) suggest that youth consider these two constructs to be similar and consider both to be effective communication strategies. While this may be true for youth pre-treatment (and further research would need to be conducted to further explore this topic), it seems as though participants in the present study viewed both argumentativeness and verbal aggressiveness as negative.

“Discussion” was mentioned several times as the ideal whereas “argument” was nearly always viewed as destructive. This might indicate that the terms on the survey were not clear enough or well enough explained. While this is the most likely case, it also might indicate that treatment programs use the term argument, or possibly youth understand the term as described in treatment, to define verbally aggressive communication and not argumentative communication.

This result certainly has implications for treatment programs as verbal aggressiveness levels both increase and eventually decrease during the treatment process. There are several possibilities for why this occurs. The first is that the increase in levels may indicate resistance to change while the decrease may indicate internalization of treatment principles. In this view, the initial point of verbal aggressiveness might be lower because youth are not yet comfortable in their surroundings and as they become comfortable, they become more aggressive. An additional possibility is that the peak in verbal aggressiveness is actually the point of most identity transition. The statistical significance for the verbal aggressiveness variation between treatment stages is an area that deserves further research. Directions for further research include comprising the sample of youth both pre-treatment, during treatment and post-treatment. Future studies could also follow youth through the stages of treatment to more comprehensively track
verbal aggressiveness and argumentativeness levels. Additionally, further research should explore the possible connection between verbal aggressiveness and incoherence. According to participant responses of feeling coherence with certain group at the onset of treatment and different groups toward the end of treatment, there could be a middle point where a youth feels incoherence with everyone, which would lead to possibly higher levels of verbal aggressiveness.

**Additional Themes for Further Research**

Several themes emerged from the data that were not covered in this research project. These each deserve further research as these themes may provide great insight onto the experiences of young offenders in rehabilitation programs. One theme that emerged is the concept of a treatment family. Many youth discussed feeling that the best part of their treatment program was a sense of belonging or family. Youth indicated that they felt that they made the most progress in their treatment when they felt they had the greatest support from the group and from staff. This support was suggested in the form of one central figure that reminded the youth of a family member at home or as the creation of support when there had been little at home. The participants that indicated the latter suggested that they liked the program more than those who indicated they had much support at home possibly because the need for inclusion was satisfied by the program.

While the issue of family was central to participants, this was not a theme encountered in the review of previous research. This is a noticeable area where further research should be conducted. This research could serve to educate and improve current treatment programs and could examine the construction of family within a rehabilitation
program and the communication that defines it. It may be that constructing the treatment group as a family through communication. For example, calling it a treatment ‘family’ rather than ‘group,’ may serve to promote the support and progress of the individuals within it. Again, this is speculation and further research could prove or negate this hypothesis.

The concept of self-esteem was apparent in many responses by participants on both the survey instrument and the interview questions. Many participants indicated, through their responses, a lack of self-esteem. Eleven participants indicated a perceived inability to be accepted into college because of low-intelligence or an inability to say no to peer influences. This particular concept has important implications for success upon release as those youth with higher self-esteem should be more able to resist peer pressures and to work toward their goals. Further research should be conducted to look into what has already been done in terms of self-esteem in youthful offenders and future studies could potentially measure self-esteem at the various treatment stages in an attempt to determine if self-esteem is connected to treatment success. While it appears that the third treatment stage tends to yield a higher self-esteem, this would seem contradictory as those in the third stage also tended to desire change more than the other two groups. Further research would additionally need to address this seemingly inconsistent position of holding oneself in a positive light but also wanting to change.

The final theme that emerged from the data that deserves further consideration is the concept of the ability and desire to change. All participants indicated a desire to change and indicated that they had actually changed while in treatment. Some could provide specific examples of change while others simply said they had changed but could
not provide further information about that change. This brings up the possibility of
change as a socially desirable event. This will be discussed further in the weaknesses
section. Further, examination of the catalyst for change deserves further research. Most
youth indicated that the desire to change and the process of change was gradual but that
there was one specific moment in which youth realized they needed to make changes.
This catalyst was different for each youth but there were some common characteristics
such as actions or statements by family members or staff. The catalyst for change has
implications for treatment programs as they attempt to reach an increasing number of
youth and deserves further in-depth research.

**Strengths**

There were a number of strengths in the present study. One strength is found in
the theories that supported this study. By using theories from psychology, sociology and
communication, the researcher was able to gain a deeper understanding of identity
formulation in rehabilitated youth. By examining internal processes, such as the crises
outlined by Erikson and Marcia, coupled with external processes, such as social identity
theory, and communicative processes, such as the coordinated management of meaning,
one can see the complexity of identity and how each of these processes is ultimately
interrelated. Identity crises are internal decisions made by an individual based upon
external and interactive experiences. Identity is intrinsically wrapped up in relationships
with social groups and in our interactions in those social groups and external from those
social groups. The theoretical framework for this study allowed for a more inclusive
examination of this complex construct. The theoretical framework allowed for an
examination of why certain approaches were effective that could not have been seen without the interdisciplinary framework.

A second strength was the survey instrument. Participants were very happy and willing to discuss extensively on each topic introduced on the survey. A significant number of participants not only filled all the space allowed for the open-ended questions but also provided commentary throughout the scaled questions. This indicates that the questions posed were relevant and well-planned.

A third strength is based on the background of the researcher. The researcher was employed with the Division of Youth Services during the present study and therefore both parents and participants were more comfortable in signing up for the study. Participants were also comfortable in opening up as there were commonalities between them and the researcher through shared networks. Additionally, the familiarity the researcher had with the culture of the Division of Youth Services and with the youth culture allowed for more thorough analysis of the data.

A fourth strength of this study is the starting point it provides for further research. Further research in terms of the examined themes has been previously discussed. Several themes, however, emerged from the data that were not included in this study. Those will be discussed toward the end of this chapter. Although there were several strengths, the next paragraphs will discuss weaknesses and limitations of this study.

Weaknesses

There were a number of weaknesses in this study. One limitation was the sample size. This was a low-power study as the sample size was too small to provide much
generalizable information about the total population. This is one potential reason for the inconsistency between the survey data and the qualitative data from the interviews and survey short answer questions. A larger population would indicate whether those inconsistencies were accurate and may provide statistical significance in the quantitative tests if those inconsistencies were inaccurate.

A second limitation is the population demographics. While participant racial make-up was consistent with Southwest Missouri, it was not representative of the general population of youthful offenders, neither in Missouri or nationally. Additionally, the majority of participants were not from large urban areas, which may have potentially skewed the results. Again, this is not consistent with the general population of young offenders in Missouri or nationally. Finally, the population consisted solely of youth residing in treatment programs. For a more comprehensive examination of identity formation, youth in both pre and post-treatment stages should be included.

A third limitation was the point-in-time method of data collection. By not following the same youth through their treatment program, important data was potentially lost. This is particularly important in that treatment stage was determined and reported by facility staff whom may not have accurately assessed the proper treatment stage for each youth, particularly in the case of a youth that is putting on a front and a staff member that does not know that youth particularly well.

A fourth limitation was the self-report nature of the study. Nearly all youth reported that they had changed as a result of their commitment to a rehabilitation program. While this may be true, a number of youth could not provide specific examples of changes. This might indicate a tainting of data by social desirability. Youth in
treatment facilities are working programs that encourage change. By simply suggesting that youth should be changing, some may falsely report changes when actually little change has occurred. Similarly, youth may have reported less than accurate information about themselves based on the fact that they want to think of themselves potentially in a way that is inconsistent with reality. While this limitation would be difficult to resolve, it is important to mention.

**Conclusion**

Rehabilitation programs for juvenile offenders are an area of study that deserves further attention in the communication discipline. Little has been done directly regarding the communication that occurs in programs and communication that occurs as a result of programs. As juvenile crime continues as a significant issue in the United States and worldwide, more research must be conducted to more fully understand how rehabilitation programs like Missouri’s Division of Youth Services achieve such outstanding results. Youth undergo changes in identity as a result of successful rehabilitation programs.

Although verbal aggressiveness was the only quantitative result that showed statistical significance in this particular study, it is an important result and gives a basis for understanding the process of change. The outcome for the identity status, while not achieving statistical significance, provides valuable information in that only one participant scored in a single identity status while the rest were classified as transitional. The results for the gender identification question indicated that youthful offenders may perceive of gender in a different way than traditional constructs. While statistical significance was not reached, responses from participants in the open-ended questions
and interviews suggested that more youth self-identify as holding mix-gendered traits in later treatment stages than in early treatment. Both of these outcomes provide possible evidence for the suggestion that identity change occurs after release, rather than during treatment. While this is speculation, further research that includes a post-treatment group would be able to test this hypothesis.

The interviews and open-ended survey data collected gives a better understanding of the personal experiences of youth going through rehabilitation programs and how they communicate what it is to be a juvenile offender, what it is to change and how that change is experienced internally, externally and interactively. Youth described the experience of stigma as a result of their law violations and this manifested itself in both positive and negative ways. This result has implications for those that interact with high-risk youth as positive treatment prior to law violations might discourage delinquent behavior, as it appears that positive treatment after law violations perpetuates those negative behaviors. Incoherence is a common experience for youth in treatment programs, although youth indicated that it is typical at all stages of treatment with coherence occurring with different groups during different stages. This, in addition to gender identification, may actually serve as a protective measure as youth exit from treatment programs and feel greater coherence with positive associations than negative associations. As all but three participants that had associated with negative peer influences prior to commitment expressed a desire to discontinue those relationships, the ability to achieve coherence with more positive influences may be crucial. All of these results support the hypothesis that it is release from a program that ultimately prompts identity crisis and change, rather than the initially suspected commitment. While
further research is needed to test this assumption, this study has provided knowledge about the process of juvenile rehabilitation that was previously unknown, has provided a number of research questions for an area that the field of communication has little studied and has implications for the juvenile justice system.
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APPENDICES

Appendix A. IRB Application, Consent/Assent Forms and Approval Letter

Date submitted:__________ Date received by OSRP:__________ Application #:____________

MISSOURI STATE HUMAN SUBJECTS REVIEW APPLICATION COVER SHEET

Project Personnel
Dr. Isabelle Bauman
Principal Investigator (Faculty)

College College of Arts and Letters
Department Communication

Project Personnel
Human Subjects Training Certificate
On File w/OSRP Attached

Yes_______ No_______

HIPAA Training
Privacy & Security, & Researchers Trng.
Certifications of Completion are in the HR Database
Yes__X____ No_______

Co-Workers
Erin Pagel

Human Participant Training
Yes__X____ No_______

Co-Workers

HIPAA Training
Yes__X____ No_______

Co-Workers

Human Participant Training
Yes_______ No_______

Co-Workers

HIPAA Training
Yes_______ No_______

Additional Names and Information on Training are to be Provided on an Attached Sheet

Proposed Project Dates (up to one year): from 10/15/2008 to 10/15/2009

Title From Criminal to Law Abiding: Juvenile Offenders and Communicating Identity Change Throughout Rehabilitation Programs

Funding Agency or Research Sponsor ________________________________________________

X New Project ______ Renewal or Continuation

_____ Change in Procedure for Previously Approved Project ______ Resubmission ___

RECOMMENDATION OF COLLEGE IRB MEMBER

_____ Category I, Exempt, Sub-part A, Section 45.101 45 CFR 46, exempt category ____.

_____ Category II, Expedited Approval, Sub-part A, Section 46.110; expedited category ____.

_____ Category III, Full Committee Review.

IRB College Representative ___________________________ Date ___________________________
ACTION OF THE IRB CHAIRMAN

_____ Approved as Exempt    _____ Expedited Approval    _____ Recommended for Full Review

RESULTS OF FULL IRB REVIEW

_____ Approved    _____ Deferred (see attached comments)    _____ Disapproved (see attached comments)

_________________________________________  __________________
Chairman of IRB                                 Date

Brief description of the purpose of the proposed project, including specific goals

The Missouri Division of Youth Services (DYS) focus on rehabilitation is a unique approach to juvenile justice that serves as a model for other states where punitive and correctional programs are most common. The recidivism rate for Missouri in 2007 was 7.3% over an approximately two-year period, much lower than other Midwestern states (Kansas at 29%, Ohio at 30%). Because of this success, the Division of Youth Services has received national attention and recently won the Annie E. Casey Innovations in American Government Award from the Kennedy School of Government at Harvard University.

This project will examine the identity of juvenile offenders that have been committed to DYS. Juvenile offenders at different stages of their individualized treatment program will be invited to participate in this study to explore whether identity change is related to particular stages of the rehabilitation process. Little research has been done in relation to juvenile offenders, identity and communication so this project serves to shed light on the process of transitioning from delinquency to law-abiding behaviors. The project will examine and measure many facets of identity including gender identity, stigmatization, identity development and verbal aggressiveness to see if there is a difference in any of these areas at different stages of treatment.

Description of participants to be used

Participants will be male and female youth between the ages of 12 and 17 committed to the custody of the State of Missouri Division of Youth Services. A convenience sampling procedure will be utilized in that all youth in the southwest region of the Division will be asked to participate. This represents approximately 20% of the total population for the state. There are eight residential facilities in the southwest region: Datema House, Delmina Woods, Gentry, Green Gables, Mount Vernon, Rich Hill, Wilson Creek. Community Learning Center. These facilities represent the three environments maintained by the Division of Youth Services from community-based facilities to moderately structured facilities to secure care facilities. Each of these facilities house 10-20 youth at any given time. Approximately 250 juveniles make up the potential sample.

This study will include both a quantitative and qualitative component. Youth will be asked to complete a series of surveys measuring their identity development status, their gender identity, verbal aggressiveness, and level of identity distress. In addition, approximately 8-12 youth will be interviewed regarding identity development, experience with a stigmatized identity and experiences with peers and family in regards to relationships and communication. Youth will be asked after completion of the surveys if they would be willing to participate in the interview component. From those youth who agree, a stratified random sample will be selected for interviews such that an equal number of youth a different treatment stages will be interviewed.

Access has been granted by the Division of Youth Services, who maintains legal and physical custody of the youth. Informed consent will also be obtained from parents, as the participants are under the age of 18 and an additional assent form will be given to each participant explaining the project and notifying him or her of the right to discontinue participation at any time during the study. Surveys will be conducted in the facilities in the group setting and individual interviews will be conducted in private conference rooms.
After data collection, the surveys will be secured in a locked filing cabinet at the researcher’s home. No identifying information will be left on the surveys; each participant will be assigned a number that will correspond to their survey data. The record of this information will be kept electronically and separate from the surveys. Interviews will not be tape-recorded and notes will include only the participant number. Any communication about intent to hurt self or other or about past occurrences involving harm to self or others that has not been previously reported will be made known to the proper individuals and participants will be so informed. That situation is the only one where any identifying information reported in the interviews or surveys will be made known to a third-party.

Name and description of data gathering tool (attach a copy if possible)
Extended Object Measure of Ego Identity Status
Modified Sex Role Instrument
Verbal Aggressiveness Scale
Identity Distress Scale
(Please see attached)

HIPAA considerations/procedures
No protected health information will be collected.

Description of any special situations/circumstances needing to be addressed in the study
Informed consent and assent will be needed as participants will be under 18, as outlined above (see attached consent and assent documents).
Special care will be taken to ensure that participation is completely voluntary. This includes ensuring participants understand that no compensation or other rewards will be given as a result of participation.

Data disposition when the study is completed
Any hard copy data will be destroyed at the completion of the project.

How resulting information will be used/disseminated/shared
The final aggregated results will be given to the Division of Youth Services to enable them to better their programs. Additionally, the researcher will submit the findings to a number of research conferences and, if accepted, will present the findings to other members of the communication discipline.

Benefits
Benefits to individual participants include the opportunity to talk to someone not directly involved in the treatment process about their experiences.
This information will serve the juvenile justice community and may serve as a document to disseminate the work of the Missouri Division of Youth Services. Information obtained in this study may also serve to help the Division improve its treatment programs. Little research has been done in this area so this project will also benefit the Communication discipline, in adding to the base of research topics.

Risks
The anticipated risks of participation are minimal. There are no physical risks. Psychological risks may include anxiety when considering the questions related to the different components to identity. Additional risks include potential breeches of confidentiality, whereby potentially sensitive information could be seen by a third-party. This should have little to no effect on a participant’s status in treatment or in aftercare with the exception of the potential revelation of past or present intent to harm self or others. As stated, that
information will be made known to the proper individuals and a disclaimer will be made to participants making them aware of this fact prior to the beginning of the study.

These minimal risks are far outweighed by the benefits in this study.

I hereby agree to conduct this study in accordance with the procedures set forth in my project description, to uphold the ethical guidelines as set forth in the Code of Federal Regulations 45 CFR 46, 45 CFR 160 and 164, and the Missouri State University HIPAA Policy, and to report to the IRB any outcomes or reactions to the experiment which were not anticipated in the risks description which might influence the IRBs decision to sustain approval of the project.

___________________________________  __________________________________
Department Head  Principal Investigator (Faculty)

___________________________________  __________________________________
Other Investigators  Other Investigators

Date: ___________________________  Date: ___________________________
CONSENT FORM

Your child is invited to participate in a research study on communication and identity change in juvenile offenders during and after rehabilitative programs. This study will consist of paper and pencil surveys and a small number of personal interviews. The surveys will cover a range of topics including questions asking about how your child comes to understand who he or she is as a person. The surveys will also cover topics related to how your child communicates, particularly with people who she or he disagrees with. No identifying information will be kept with the surveys. If you allow and your child agrees to an interview, and they are selected for the interview process, the interviews will cover topics similar to those on the pencil and paper surveys and also things like how your child sees his or her relationships with friends, family, and others who he or she interacts with. Interviews will not be tape-recorded and no identifying information will be kept with the interview notes. Selection for the interview process will be made in a random process, like flipping a coin.

Your child’s participation in this study will take approximately one and a half hours for survey completion and less than one hour for interviews.

Before you agree to allow your child to participate, you should understand that some minor risks could be involved. There are no physical risks associated with this study. There is a possibility that your child may become upset over identity related issues that come up during the study but should be no more upsetting than normal treatment-related issues and conversations. Also, there is the minimal potential of a third-party viewing the information gathered from the youth. This will have no effect on your child’s status in treatment. All efforts will be made to reduce these risks.

The benefits associated with this study are the chance to consider and speak about identity related issues as well as providing the Division of Youth Services and the field of Communication with valuable information about how identity change occurs in rehabilitative programs. We cannot and do not guarantee or promise that your child will receive any benefits from this study. Your decision whether or not to allow your child to participate in this study will not affect you or your child or the services you receive from the Division of Youth Services in any way.

You and your child will receive no monetary or other incentive for participation in this study.

If you have read this form and have decided to allow your child to participate in this project, please understand your child’s participation is voluntary and you have the right to withdraw your consent for your child to participate at any time without penalty or loss of benefits to which you are otherwise entitled. Your child will have the right to refuse to answer particular questions. Your child’s individual privacy will be maintained in all published and written data resulting from the study.
Contact Information: If you have any questions, concerns or complaints about this research study, its procedures, or risks and benefits, you should contact by phone Erin Pagel at 417-838-8436 or Dr. Isabelle Bauman at 417-836-4830 or by mail Erin Pagel at Missouri State University, Department of Communication, 901 S. National, Springfield, Missouri 65897.

The extra copy of this consent form is for you to keep.

SIGNATURE __________________________ DATE __________________________

Protocol Approval Date: __________________ Protocol Expiration Date:__________________

Missouri State University

ASSENT FORM

You are invited to participate in a research study on communication and identity change in juvenile offenders during and after rehabilitative programs. This study will consist of paper and pencil surveys and a small number of personal interviews. The surveys will cover a range of topics including questions asking about how you understand who you are as a person. The surveys will also cover topics related to how you communicate, particularly with people who you disagree with. No identifying information will be kept with the surveys. If you agree to an interview, and are selected for the interview process, the interviews will cover topics similar to those on the pencil and paper surveys and also things like how you see your relationships with friends, family, and others. Interviews will not be tape-recorded and no identifying information will be kept with the interview notes. Selection for the interview process will be made in a random process, like flipping a coin.

Your participation in this study will take approximately one and a half hours for survey completion and less than one hour for interviews.

Before you agree to participate, you should understand that some minor risks could be involved. There are no physical risks associated with this study. There is a possibility that you may become upset over identity related issues that come up during the study but should be no more upsetting than normal treatment-related issues and conversations. Also, there is the minimal potential of a third-party viewing the information gathered from you. This will have no effect on your status in treatment. All efforts will be made to reduce these risks.

The benefits associated with this study are the chance to consider and speak about identity related issues as well as providing the Division of Youth Services and the field of Communication with valuable information about how identity change occurs in rehabilitative programs. We cannot and do not guarantee or promise that you will receive any benefits from this study. Your decision whether or not to participate in this study will not affect you or the services you receive from the Division of Youth Services in any way.
You will receive no monetary or other incentive for participation in this study.

If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your assent to participate at any time without penalty or loss of benefits to which you are otherwise entitled. You will have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

**Contact Information:** If you have any questions, concerns or complaints about this research study, its procedures, or risks and benefits, you should contact by phone Erin Pagel at 417-838-8436 or Dr. Isabelle Bauman at 417-836-4830 or by mail Erin Pagel at Missouri State University, Department of Communication, 901 S. National, Springfield, Missouri 65897.

The extra copy of this consent form is for you to keep.

**SIGNATURE __________________________ DATE __________________________**

Protocol Approval Date: ________________ Protocol Expiration Date: ________________
DATE: November 13, 2008

TO: Isabelle Bauman
    Erin Pagel

FROM: Joseph Hulgus, Ph.D.
      Associate Professor of Counseling
      Institutional Review Board Chair

HUMAN PARTICIPANTS PROTECTION REVIEW

Your project, “From Criminal to Law Abiding: Juvenile Offenders and Communicating Identity Change Throughout Rehabilitation Programs,” was approved by the Missouri State University Protection of Human Participants Institutional Review Board as submitted. Copies of your application and proposal will be on file in the Office of Sponsored Research & Programs. Please note that your project has a starting date of 11/14/2008 and that it was approved until 11/13/2009.

If you find it necessary to extend your project beyond this date, it will be necessary for you to reapply to the Protection of Human Participants Institutional Review Board. The application form for this may be obtained on the Office of Sponsored Research and Programs web page http://www.srp.missouristate.edu.

Please feel free to contact your college representative, the Office of Sponsored Research & Programs, or myself if you need additional assistance. This project has been assigned the number #09232. Please reference this number when asking any questions regarding this project.
Appendix B. Letter of Access, John Creson, Southwest Regional Director, Missouri Division of Youth Services

Erin,

Thanks for the project description for your Masters thesis. As we discussed, I do believe this could be beneficial research for our kids and programs that might give us more insight into the effects that DYS treatment has on our kid's identity development. I am letting our managers know that I have approved this research and that they can expect to be contacted by you to set up the interviews with the kids, with the appropriate protocols followed that we discussed. I think your experience as one of our Community Mentors will help aid you in this endeavor and I look forward to reading your results. Good luck to you.

Thanks much,

John

John Creson
Regional Administrator
Southwest Region
Mo. Division of Youth Services
417-895-6485
Appendix C. Survey Instrument

Identification #________

Change and Communication Survey

Thank you for participating in this study. Your answers will be kept secret from everyone except me so please answer honestly.

Please read the directions in each section before you begin and work slowly. Some of the questions sound the same, but they are really all a bit different, so you will need to read carefully. If you have any questions, please ask and I’ll be happy to help.

If there is a question that you do not feel comfortable answering or if you don’t know how you feel, please skip it and move onto the next one.

If there is more information you would like to share on a topic, feel free to write in the margins or to make notes on the survey. There are also places to make notes at the end of each set of questions.

The following booklet is comprised of 4 different surveys.

The first one will ask questions about how you see yourself in the future and your current ideas about your ideas about relationships with others, what job you might like to have and your hobbies.

The second one will ask questions about if you have been worried about any areas of your life and how much you have been worried about those areas.

The third will ask questions about how you see yourself currently as a man or woman.

The fourth will ask questions about how you communicate with others, especially when you have a disagreement or argument with them.

The survey ends with a few open-ended questions about your experience with others since you’ve been in DYS. Please feel free to say as much as you want in this section!
Demographic Questions

How old are you? _________________________________________

How long have you been in DYS? ____________________________

What is your gender? _______________________________________

What was your committing offense? __________________________

This survey asks questions about how you see yourself. There are questions about what you want to do for a job, how you view dating relationships, the type of lifestyle you want as an adult, types of activities you enjoy and views about things like marriage and friendships. (This survey is adapted from another survey written by Bennion & Adams in 1986.)

Please answer each question on the following scale by circling the number on the scale underneath the question.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Moderately Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Moderately Disagree</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

1. I haven’t chosen the job I really want to get into, and I’m just working at what is available until something better comes along.

2. My ideas about men’s and women’s roles are the same as my parents’. What has worked for them will obviously work for me.

3. There’s no single “life style” which I like more than another.

4. There are a lot of different kinds of people. I’m still exploring the many possibilities to find the right kind of friends for me.

5. I sometimes join in recreational activities when asked, but I rarely try anything on my own. (Recreational activities might include things like sports, art, playing music, etc.)

6. I haven’t really thought about a “dating style.” I’m not too concerned whether I date or not.

7. I’m still trying to decide how capable I am as a person and what work will be right for me.

8. There’s so many ways to divide responsibilities in marriage, I’m trying to decide what will work for me.

9. I’m looking for an acceptable point of view for my own “life style”, but haven’t really found it yet.
10. There are many reasons for friendship, but I choose my close friend because they are like me in their values and other things that I have decided are important.

11. While I don’t have one recreational activity I’m really into, I’m trying out lots of activities to identify one I can truly enjoy.

12. Based on past experiences, I’ve chosen the type of dating relationship I want now.

13. I might have thought about a lot of different jobs, but there’s never really been any question since my parents said what they wanted.

14. I’ve never really seriously considered men’s and women’s roles in marriage. It just doesn’t seem to concern me.

15. After considerable thought I’ve developed my own individual viewpoint of what is for me an ideal “lifestyle” and don’t believe anyone will be likely to change my mind.

16. My parents know what’s best for me in terms of how to choose my friends.

17. I’ve chosen one or more recreational activities to engage in regularly from lots of things and I’m satisfied with those choices.

18. I don’t think about dating much. I just kind of take it as it comes.

19. I’m not really interested in finding the right job, any job will do. I just seem to flow with what is available.

20. My ideas about men’s and women’s roles have come right from my parents and family. I haven’t seen any need to look further.

21. My own views on a good lifestyle were taught to me by my parents and I don’t see any need to question what they taught me.

22. I don’t have any real close friends, and I don’t think I’m looking for one right now.

23. Sometimes I join in leisure activities, but I really don’t see a need to look for a particular activity to do regularly.
24. I’m trying out different types of dating relationships. I just haven’t decided what is best for me.

25. It took me a while to figure it out, but now I really know what I want for a career.

26. I’ve spent some time thinking about men’s and women’s roles in marriage and I’ve decided what will work best for me.

27. In finding an acceptable viewpoint to life itself, I find myself having a lot of discussions with others and doing some self exploration.

28. I only pick friends my parent would approve of.

29. I’ve always liked doing the same recreational activities my parents do and haven’t ever seriously considered anything else.

30. I only go out with the type of people my parents expect me to date.

31. My parents decided a long time ago what I should go into for a job and I’m following through with their plans.

32. I’ve gone through a period of serious questions about faith and can now say I understand what I believe in as an individual.

33. I’ve been thinking about the roles that husbands and wives play a lot these days, and I’m trying to make a final decision.

34. My parents’ views on life are good enough for me, I don’t need anything else.

35. I’ve had many different friendships and now I have a clear idea of what I look for in a friend.

36. After trying a lot of different recreational activities I’ve found one or more I really enjoy doing by myself or with friends.

37. My preferences about dating are still in the process of developing. I haven’t fully decided yet.

38. It took me a long time to decide but now I know for sure what direction to move in for a career.
39. There are many ways that married couples can divide up family responsibilities. I’ve thought about lots of ways, and not I know exactly how I want it to happen for me.

1 2 3 4 5 6

40. I guess I just kind of enjoy life in general, and I don’t see myself living by any particular viewpoint to life.

1 2 3 4 5 6

41. I don’t have any close friends. I just like to hang around with the crowd.

1 2 3 4 5 6

42. I’ve been experiencing a variety of recreational activities in hope of finding one or more I can really enjoy for some time to come.

1 2 3 4 5 6

43. I’ve dated different types of people and know exactly what my own “unwritten rules” for dating are and who I will date.

1 2 3 4 5 6

44. I just can’t decide what to do for an occupation. There are so many possibilities.

1 2 3 4 5 6

45. Opinions on men’s and women’s roles seem so varied that I don’t think much about it.

1 2 3 4 5 6

46. After a lot of thinking about myself I have established a very definite view on what my own life style will be.

1 2 3 4 5 6

47. I really don’t know what kind of friend is best for me. I’m trying to figure out exactly what friendship means to me.

1 2 3 4 5 6

48. All of my recreational preferences I got from my parents and I haven’t really tried anything else.

1 2 3 4 5 6

49. I date only people my parents would approve of.

1 2 3 4 5 6

If there is anything else you would like to tell me about, please write it here (unless you have already written elsewhere on the survey).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
If you need to take a break for a few minutes, you may take some time now.

This survey asks to what degree have you recently been upset, distressed, or worried over any of the following issues in your life? (Please circle the best response, using the following scale). (This scale was originally written by Berman, Montgomery, & Kurtines in 2004).

<table>
<thead>
<tr>
<th>None at all upset or worried</th>
<th>Mildly upset or worried</th>
<th>Moderately upset or worried</th>
<th>Severely upset or worried</th>
<th>Very Severely upset or worried</th>
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<td>1</td>
<td>2</td>
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<td>5</td>
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</table>

1. Long term goals? (e.g., finding a good job, being in a romantic relationship, etc.)
   1  2  3  4  5

2. Career choice? (e.g., deciding on a trade or profession, etc.)
   1  2  3  4  5

3. Friendships? (e.g., experiencing a loss of friends, change in friends, etc.)
   1  2  3  4  5

4. Sexual orientation and behavior? (e.g., feeling confused about sexual preferences, intensity of sexual needs, etc.)
   1  2  3  4  5

5. Religion? (e.g., stopped believing, changed your belief in God/religion, etc.)
   1  2  3  4  5

6. Values or beliefs? (e.g., feeling confused about what is right or wrong, etc.)
   1  2  3  4  5

7. Group loyalties? (e.g., belonging to a club, school group, gang, etc.)
   1  2  3  4  5

8. Please rate your overall level of discomfort (how bad they made you feel) about all the above issues as a whole.
   1  2  3  4  5

9. Please rate how much uncertainty over these issues as a whole has interfered with your life (for example, stopped you from doing things you wanted to do, or being happy)
   1  2  3  4  5

10. How long (if at all) have you felt upset, distressed, or worried over these issues as a whole? (Use the rating scale below and circle your answer within the boxes)

<table>
<thead>
<tr>
<th>Never or less than a month</th>
<th>1 to 3 months</th>
<th>3 to 6 months</th>
<th>6 to 12 months</th>
<th>More than 12 months</th>
</tr>
</thead>
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<td>1</td>
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Is there anything else you’d like to share about being worried or upset about these issues?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

101
This survey asks about how you feel about yourself and how you show that to others. (This scale was written by Kulis & Marsiglia in 2002).

How often do you feel about yourself in the following ways?

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</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
<td></td>
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</tbody>
</table>

1. I am skillful at getting things done and taking charge.
   1  2  3  4  5

2. I am sure of my talents and abilities.
   1  2  3  4  5

3. I tell people what I think, even if they disagree with me.
   1  2  3  4  5

4. I order around the kids in my class or neighborhood.
   1  2  3  4  5

5. I feel superior to my classmates and peers.
   1  2  3  4  5

6. I like to show-off in front of others.
   1  2  3  4  5

7. I am a kind, warm, and gentle person.
   1  2  3  4  5

8. I am emotional and show my feelings to others.
   1  2  3  4  5

9. I can tell when someone is feeling sad or depressed.
   1  2  3  4  5

10. I feel timid and shy around others.
    1  2  3  4  5

11. I am too critical of myself or “get down” on myself.
    1  2  3  4  5

12. I feel weak and helpless around others.
    1  2  3  4  5

Is there anything else you’d like to share about how you view yourself?

___________________________________________________________________________
___________________________________________________________________________
This last survey looks at how you communicate with others. The first part is concerned with how you try to get people to do what you want. (This survey was written by Roberto & Finucane in 1997).

Indicate how often each statement is true for you personally when you try to change a friend's mind. Use the following scale:

<p>| | | | | |</p>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
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</table>

1. When people are very stubborn, I use insults to soften their stubbornness.
   1 2 3 4 5

2. When others do things I think are stupid, I try to be very gentle with them.
   1 2 3 4 5

3. When I want my way and someone won't listen, I will call them names and let them know I think they are stupid.
   1 2 3 4 5

4. When people behave badly, I insult them in order to get them to behave better.
   1 2 3 4 5

5. When people will not budge on an important issue, I get angry and say really nasty things to them.
   1 2 3 4 5

6. When people criticize my faults, I do not let it bother me and do not try to get back at them.
   1 2 3 4 5

7. When people insult me, I like to really tell them off.
   1 2 3 4 5

8. I like making fun of people who do things which are very stupid in order to make them smarter.
   1 2 3 4 5

This survey contains statements about arguing. By "arguing", I mean having a discussion or disagreement about a topic that has more than one side. For example, you might argue over who is the best basketball player or who is the best music group. Indicate how often each statement is true for you personally when you argue with your friends. Use the following scale:

<p>| | | | | |</p>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Always</td>
</tr>
</tbody>
</table>

1. I have a great time when I argue.
   1 2 3 4 5

2. I feel good when I am winning an argument.
3. When I finish arguing with someone, I feel nervous and upset.

4. I enjoy a good argument.

5. I get a bad feeling when I am about to get into an argument.

6. I am happy when I keep an argument from happening.

7. I do not like to miss the chance to argue.

8. Arguments are a fun challenge.

9. I feel refreshed and satisfied after an argument.

10. I have the ability to do well in arguments.

Is there anything you’d like to share about communicating or arguing with other people?

The following are short-ended questions asking about your experience with others since you have been involved with DYS.

Do you feel that other people treat you differently because of your law violations/ commitment to DYS? If so, who has treated you differently and how did you react?
Do you think that people react differently to kids who have committed law violations, if they are of the opposite sex? How? Why?

Do you feel like you have changed since you’ve been in a program? If so, how? Do you think its good or bad change?

Have you seen others change? How have they changed?
Do you find yourself getting into more conflicts with others who have been in the program the same amount of time as you or a shorter or longer time? If so, why do you think that is?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Do you feel like the relationship with your parents/guardian and/ or siblings has changed since you’re been in a program? If yes, how has it changed?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Is there anything else you think I should know about your experience with your program, with others, with change or with something else?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Thank you for your time in filling out this survey! You have been a big help to me and the results may help other kids committed to DYS by helping us to understand more about how people change.
Appendix D. Interview Guide

Interview Questions

My project is about changing and how kids change the way they behave and and how they see themselves. So let’s start off with something that you already answered on the survey but I’d like to talk about it again and a little more in-depth.

1. Do you think that you have changed since you’ve been in a program?
   
a. If yes, how have you changed?
   
b. If yes, when did it start? Like, did you consciously think I need to change or did it happen gradually?
   
c. What has helped the most in your effort to change?

Questions 2-4

So, let’s talk specifically about your program now.

2. When you first got here, did you find it hard to identify with staff? Like you didn’t get them and they didn’t get you.
   
a. If yes, do you still feel that way now? If not, what changed?
   
b. If you think about your favorite staff (and I don’t need to know who it is), what is it about them that you like? What about your least favorite staff (again, don’t tell me who it is), what do you not like about them?

3. What about with other kids in your group?
   
a. If yes, do you still feel that way now? If not, what changed?
   
b. Is there anyone in your group that you really identify with? What is it about them that makes you understand them and lets them understand you?
   
c. Is there anyone in your group that you just do not get along with? Why don’t you get along with that person?

4. What is your favorite thing about being in program? What is your least favorite?
Ok, let’s finish up with talking about how people treat kids who are or have been in trouble

5. Do you think that kids who have been in DYS or on probation are treated differently than other kids not in DYS or probation? (like in school or if someone found out that a kid was on probation or had been in DYS).
   a. If yes, how?
   b. Have you ever experienced that?
   c. How did you deal with that or how do you think other kids deal with that?

6. What about families? Do you think they treat the kids that have been in trouble differently than kids who haven’t been? Like parents, aunts, uncles, grandparents, cousins, brothers, sisters, etc.
   a. Has that ever happened to you? Or have you seen it happen to someone else (a friend, sibling, someone in your group, etc)
   b. How did you deal with that or how do you think others deal with that?

Ok, let’s talk about friends

7. Before you got committed to DYS, did you have friends who were also in trouble with the juvenile office or with DYS?
   a. If yes, do you think they influenced you? If yes, did you realize it then or is that something you’ve realized since you’ve been in program?
   b. Will you still associate with those friends once you go home or will you try to focus on friendships with kids who aren’t in trouble?

That’s all I have today unless you have anything else that you think I need to know about your experience with DYS.