





PERSPECTIVES ON SOCIAL WORK

The Journal of the Doctoral Students of the University of Houston

Winter 2021

VOLUME 16 ISSUE 1

Perspectives on Social Work

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EDITORIAL – Social Work Drives Dialogue Forward in Perspectives on Social Work

Social work practitioners and scholars contribute valuable insights and knowledge in a variety of areas, from health and mental health to community organizing and leadership, with a goal of enhancing wellbeing and empowering vulnerable communities. As we forge a path forward during this tumultuous time, it is clear that the social work profession stands poised to lead in many domains through critical thinking and research, policy development, and direct and macro practice grounded in the values of social work. Scholarly development for social work doctoral students is critical to further enhance social work scholarship and to expand its implications on wide-scale practice and policy. *Perspectives on Social Work* offers an avenue for social work doctoral students to develop and hone these skills by participating in the process of peer review, publishing empirical research and conceptual articles, and engaging with other doctoral students through training and networking.

As *Perspectives on Social Work* works to grow our peer reviewer network and our pool of authors, we strive to be a platform for the voices of social work doctoral students and the critical implications of their scholarship. Though the journey through the doctoral program has drastically changed for many of us in the past year and our experiences (in and outside of the academic environment) have been extraordinary and trying, *Perspectives on Social Work* hopes to provide another space for doctoral students to connect with one another over our scholarship despite the distance. Building connections and sharing new ideas and research at the doctoral student level are crucial aspects of strengthening social work research and education, which, in turn, fuels valuable changes and improvements to practice and policy.

This issue of *Perspectives on Social Work* is illustrative of the critical thinking emerging from the social work field with real-world implications to guide practice and policy. Foote & Flaherty (2021) explore replacing exclusionary terminology in the Adverse Childhood Experience questionnaire to promote inclusiveness and enhance the sensitivity of the instrument. The authors propose replacing the word 'parent' with 'primary caregiver' along with a definition in the ACE items to reflect diversity in child-rearing practices and improve the questionnaire's utility in research and practice. Lawler (2021) suggests possibilities for alternatives within the area of juvenile justice from a strengths-based theoretical framework while also emphasizing the current problematic state of the justice system for young people. Lawler (2021) advocates for community-based programs to better meet the needs of youth. Finally, Flynn (2021) examines the history, public reception and contemporary relevance of *The Jungle*—this book review also highlights the similarities in concerns related to working conditions in meatpacking plants from the early 1900s to conditions during the COVID-19 pandemic. This book review provides an example of the importance of examining history to better understand and provide recommendations for our current context.

Perspectives on Social Work aspires to be a platform that enhances doctoral students' skills and scholarship as we prepare to effect changes in practice, policy and research.

Caitlyn Mytelka, LMSW University of Houston Editor

Replacing Terminology in the Adverse Childhood Experiences Questionnaire Can Add Greater Value: A Concept Analysis

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Abstract

This concept analysis paper addresses the limitations of the original and contemporary Adverse Childhood Experience (ACE) questionnaires currently in circulation. These limitations include a lack of ethnic and cultural sensitivity, and test sensitivity. The authors analyzed and reviewed the current ACE questionnaire's terminology to determine if the language reflects modern households or domiciles. Additionally, Dr. Vincent Felitti, M.D, was interviewed to address these limitations of the ACE questionnaires. Researchers presented Dr. Felitti with a revised term and conceptualization for the ACE questionnaire to be more ethnically and culturally inclusive, culturally sensitive, and statistically sensitive. In total, the authors reviewed 17 ACE questionnaires for analysis. All the analyzed questionnaires within the studies lacked the proper terminology reflecting cultural and test sensitivity to enable researchers to bolster their study designs. This article provides a viable solution to address these limitations. The aims of this study are: 1) to describe how the original ACE questionnaire and other ACE questionnaires are obsolete, lacking inclusivity and test sensitivity for health care professionals and researchers, and 2) encourage rephrasing of the word "parent" in the original ACE questionnaire with "primary caregiver" with an accompanying definition. Words have meaning. Dr. Vincent Felitti, M.D., agreed with the authors' suggestion that replacing the original term to primary caregiver with a provided definition is indubitably more inclusive ethnically and culturally, and statistically sensitive. The suggested change in wording can enhance how healthcare clinicians screen for ACEs and bolster researchers for future ACE studies.

Keywords: Adverse Childhood Experiences, cultural sensitivity, test sensitivity, screening

Replacing Terminology in the Adverse Childhood Experiences Questionnaire Can Add Greater Value: A Concept Analysis

In 1998, Vincent Felitti, M.D., and colleagues published a watershed study describing the serendipitous discovery of unexpectedly prevalent adverse childhood experiences (ACEs). This discovery occurred while Dr. Felitti assessed patients in his obesity clinic in 1985. The detection of highly prevalent childhood sexual abuse and other unrecognized ACEs initiated the watershed study to determine the

prevalence of ACEs in the general adult population of members served by Kaiser Permanente, a large health maintenance organization (HMO) (Felitti et al., 1998).

Felitti and colleagues developed the original ACE questionnaire around a middle-class, Caucasian population. The questionnaire contains the term "parent," and participants or patients taking the questionnaire who do not have a "parent" growing up may disregard the questionnaire. Hundreds of thousands of children are currently placed in foster care and live in alternative domiciles (Ruedas-Gracia et al., 2020) and may later recall they grew up without a parent yet had someone else take care of them during their childhood. Suppose patients or participants disregard one or more of the ACE questions. In that case, the test sensitivity of the measure could be affected and a clinician or researcher's ability to measure childhood trauma could be ineffective. The test sensitivity is the ability of a measurement to correctly and positively identify what is being measured (Higgins et al., 2013). The test sensitivity may be affected because the question lacks a proper definition that reflects a more realistic term fitting the circumstances of the individual taking the questionnaire.

Attachment theory helps elucidate these ACE restrictions and informs this paper's analysis positing that a child's attachment can be formed with someone other than a parent (Bowlby, 1988). Derived from personal communication with Dr. Vincent Felitti, the aim of this concept analysis paper is two-fold: 1) to describe how the original ACE questionnaire and other ACE questionnaires are obsolete, lacking inclusivity and test sensitivity for health care professionals and researchers, and 2) encourage the replacement of the word "parent" in the original ACE questionnaire with "primary caregiver" with the accompanying definition: an individual such as, but not limited to, your biological parent(s), stepparent(s), grandparent(s), nanny, another family member, foster or adopted parent(s), aunt/uncle or other legal guardians who were responsible for your daily care and rearing. This study suggests rephrasing those questions with the word "parent" in the original ACE questionnaire to "primary caregiver" (V. Felitti, personal communication, October 21, 2019). The rephrased term can bolster the credence of future ACE research.

Social workers strive for continued competence in an ever-evolving world. Additionally, social workers strive to be mindful of cultural and ethnic diversity and vulnerabilities reflecting the social work values of the importance of human relationships, dignity and worth of a person, and social justice. This article accentuates those social work values while simultaneously improving ACE research.

Attachment Theory and ACEs

The crux of early attachment theory states how an intrapsychic internal working model is fostered upon the quality of the caregiver's attentiveness, consistency, predictability, and accessibility to address the infant's needs (Bowlby, 1982). Whether a child's bond was predictable and secure, inconsistent, or non-existent, the early experiences influence how someone later copes as an adult (Bowlby, 1977). Indeed, contemporary reformations of attachment theory enhance the notion that individuals can have multiple secure relationships, other than one's mother, to seek nurturing bonds (Bowlby, 1988; Doyle et al., 2009). In fact, Bowlby stated that a child has a "strong propensity to attach himself to his mother and his father, or to whomever else may be caring for him [emphasis added]" (Bowlby, 1988, p. 80). Many argue that having these secure bonds during formative years is crucial for mental, emotional, and physical development (Halfon et al., 2018; Valikhani et al., 2018; Wood et al., 2018). Successful childhood development in a functional, stable home is a significant predictor for overall health and future success (Bowlby, 1977; Cavanagh & Fomby, 2019; Kinniburgh et al., 2017; Levine & Heller, 2012; Nakazawa,

2015; Robinson & Searcy, 2017; Siegel & Bryson, 2012; Van der Kolk, 1994; Yerkovich & Yerkovich, 2017).

When a relationship becomes violated, broken, or lost, ones' attachment style becomes subconsciously activated to cope with the incident. Further explained, an individual's *current* reaction may be a physiological survival response the brain acquired from *previous* childhood experiences. In fact, the human brain has evolved to detect and react to threats of neglect, abandonment, and loneliness *previously* experienced during childhood and may later activate the same response in adulthood in similar situations (Eisenberger & Cole, 2012; Halfon et al., 2018; Thomas Boyce & Hertzman, 2018). This suggests that some individuals may break down and overly react more than others physically, behaviorally, emotionally, or mentally depending on the quality and severity of previous experiences. In other words, the individual carried a continuation of previous developmental attachment experiences (healthy or unhealthy) to their current state of being (Eisenberger & Cole, 2012; Halfon et al., 2018; Thomas Boyce & Hertzman, 2018).

Coping skills may either be healthy or maladaptive, yet those with ACEs commonly adapt maladaptively (Bowlby, 1982; Grajewski & Dragan, 2020; Kinniburgh et al., 2017; Li et al., 2020; Tamman et al., 2019; Yerkovich & Yerkovich, 2017). This broken attachment primarily occurs when a child: is neglected, lives in an abusive home, lives in a dysfunctional home such as living in a single-parent household where the remaining parent has revolving relationships, has a non-existent parent, lives in a dysfunctional two-parent home, or lives in foster care (Cavanagh & Fomby, 2019; Fomby & Cherlin, 2007; Robinson & Searcy, 2017; Ruedas-Gracia et al., 2020). All scenarios are becoming more prevalent in today's society and transcend all levels of socioeconomic status (SES) (Kim et al., 2018; Nakazawa, 2015).

The original ACE questionnaire solicits an individual's experience with a "parent(s)" or "household member" addressing neglect, abuse, and household dysfunction. The ACE questions depict violations of a relationship that would disrupt and break the internal bond of trust. Such violations in a home would undoubtedly shape an individual to have an insecure attachment style (Murphy et al., 2014; Sedighimornani et al., 2020), indicated by reporting "yes" on any of these ten categories of ACE survey questions.

ACE History

The initial discovery in the obesity program of one patient's history of paternal incest starting at age 4, and triggering the onset of her obesity, led researchers to inquire about sexual abuse history in 286 consecutive adult obesity program patients. Incredibly, 55% acknowledged experiencing contact sexual abuse in childhood or adolescence. Felitti and colleagues also discovered other forms of abuse and significant household dysfunction while obtaining their data (V. Felitti, personal communication, October 21, 2019; Felitti et al.,1998).

These findings were so serendipitous and unexpected that the question arose whether ACEs were at all prevalent in a general population and how they might play out other than as obesity. The purpose of the ACE Study was to address those questions. The study was designed in collaboration with Dr. Robert Anda at the Centers for Disease Control and Prevention (CDC). It involved 17,337 primarily middle-class, Caucasian adult Kaiser Permanente members. Participants underwent a comprehensive medical evaluation, including detailed childhood history involving the ten most common categories of adverse

childhood experiences discovered in the obesity program. The researchers developed a questionnaire soliciting traumatic experiences in the first 18 years of life to assess emotional, physical, and sexual abuse (two questions), emotional and physical neglect (three questions), and household dysfunction (five questions). The participants were then followed for twenty years to uncover long-term outcomes (V. Felitti, personal communication, October 21, 2019; Felitti et al.,1998).

The study's results were profound: 67% reported at least one ACE category, almost 40% reported more than two ACEs, and 12.5% reported four or more (Felitti et al., 1998). The number of ACEs an individual experienced has a dose-response relationship to multiple disease outcomes; the more ACEs an individual has, the more likely they are to have adverse health outcomes.

The study indicated a strong association between respondents reporting ACEs and adverse outcomes, ranging from 2 to 46 times increased risk for multiple adverse health outcomes and behaviors (Felitti et al., 1998). According to Google Scholar, their initial publication has now been cited over 12,500 times since the manuscript's publication. Many scholars have published articles linking ACEs to adverse physical and mental health outcomes (Burke-Harris, 2017; Felitti et al., 1998; Hughes et al., 2017; Kalmakis & Chandler, 2015) and linking ACEs and attachment styles to adverse physical and mental health outcomes as well (Basham, 2008; Grajewski & Dragan, 2020; Li et al., 2020; Murphy et al., 2014; Sedighimornani et al., 2020; Sheinbaum et al., 2015; Tamman et al., 2019).

This seminal ACE study unleashed a catalyst to ignite many researchers to further explore ACEs' associations to the researchers' specific interest or field of work. Systematic reviews (Kalmakis & Chandler, 2015; Oh et al., 2018) and a meta-analysis (Hughes et al., 2017) synthesize many of these research studies and highlight the poignant physical, mental, and behavioral health effects of ACEs. These include, but are not limited to: disrupted brain development, obesity, cardiovascular disease, cancer, decreased immunity, schizophrenia, PTSD, anxiety, depression, suicidality, substance use disorders, behavioral addictions, homelessness, repeated abortions, teenage pregnancy, intimate partner violence, poor school and work performance, and early death (Kalmakis & Chandler, 2015; Oh et al., 2018). Though not deterministic, ACEs are precursory to seven of the ten leading causes of death (Buka et al., 2018; Felitti et al., 1998; Halfon et al., 2018). Literature has become saturated with researchers replicating the ACEs' association with various adverse health outcomes.

Current Application and Utilization

The ACE questionnaire's utility remained indeterminate until the questionnaire became a screening instrument for healthcare clinicians (Burke-Harris, 2017). The questionnaire has been through rigorous testing for reliability and internal and external validity proving its efficacy to identify vulnerable and high-risk individuals and populations (Dube et al., 2004; Pinto et al., 2014).

In fact, due to its prominence to identify high-risk populations, the American Academy of Pediatricians (AAP), Substance Abuse and Mental Health Services Administration (SAMHSA), World Health Organization (WHO), and other organizations encourage the utilization of the ACE questionnaire as a practice for prevention as a screening instrument and to identify high-risk populations (Alcalá et al., 2017; Burke Harris et al., 2017; Kerker et al., 2016). Individuals with multiple ACEs identified by healthcare professionals can be referred for treatment preventatively to promote resilience and reverse ACEs' adverse effects. Moreover, utilizing the ACE questionnaire as a screening instrument has been found to be feasible for health care clinics and acceptable for patients to be asked (Burke Harris et al., 2017; Conn et

al., 2018; Felitti, 2017; Flanagan et al., 2018; Glowa et al., 2016). Despite these advances in research and application of ACEs, there are inherent restrictions to the original ACE questionnaire.

Limitations: Original and Contemporary ACE Questionnaires

The ACE questionnaire is indubitably an effective screening instrument, yet it contains limitations that can be easily amended. First, the ACE study's respondents were primarily Caucasian and middle class and not generalizable to the population (Felitti et al., 1998). Secondly, and more specifically, the word "parent(s)" is too restrictive and exclusive. Nearly 2.7 million children live in alternative care worldwide (Petrowski et al., 2017). It is incomprehensible to exclude children that have experienced alternate care. Additionally, the original ACE questionnaire may not reflect the same structures and familial settings of all ethnicities, cultures, or SES (Anakwe et al., 2020). Because of these unique familial circumstances, the original ACE questionnaire also lacks cultural and ethnic sensitivity. The focus is on the importance of human relationships and how these relationships influence each other.

These are limitations on the premise that many individuals are not raised with parent(s) as the family structure continues to evolve and the term "caregiver" is too vague on its own (Anakwe et al., 2020; Murray, 2008). If health care clinics and researchers are to screen for vulnerable, high-risk populations using an ACE questionnaire, they will need to ensure they capture the affected population with the most inclusive method.

If researchers or clinicians want to measure trauma, they are entrusted to be accurate in their measurement. The test sensitivity is the ability of a measurement to correctly and positively identify that which is being measured. Sensitivity, in this case, has a dual meaning for cultural correctness and test sensitivity. The seminal ACE questionnaire was admittedly framed around a middle-class, Caucasian population (Felitti et al., 1998). The ACE questionnaire contains the term "parent(s)," yet many children grow up in other SES and/or outside a conventional home without a parent compared to the middle-class participants sampled in the original study. It is not uncommon for families in different cultures and ethnicities to live together, and the most impoverished counties in the United States have large minority populations and high family instability rates (Egen et al., 2017; Ruedas-Gracia et al., 2020). Additionally, the number of children in the foster care system is approximately 443,000 (Ruedas-Gracia et al., 2020). Foster children may be uncertain about deciding between their biological or foster parents. Having a standard definition for caregiver could assuage that confusion. These examples are a meager sample to which the word "parent" may not apply. Approximately half of all children grow up without two parents, with many of those children being minorities (Eastman et al., 2019; Robinson & Searcy, 2017). Too many children grow up in unstable homes and domiciles (Cavanagh & Fomby, 2019; Fomby & Cherlin, 2007).

Many children that grow up outside of a nuclear family with a mother and father and live in other family structures and settings (Anakwe et al., 2020) may read the original ACE questionnaire and not mark "yes" to any one of the questions because the person completing the questionnaire did not have a "parent." The word "parent" is exclusive contextually to caregiving and other legalities (Murray, 2008). An individual could have been raised by an aunt, uncle, foster parent, nanny, or "whomever else" (Bowlby, 1988, p. 57). Thus, the test sensitivity is postulated to be lowered because it lacks a more inclusive definition, and it is not culturally sensitive to minorities, other SES, and ethnic domiciles. The researcher or clinician administering the questionnaire might not accurately acquire data to measure trauma history if the participant or patient is dubious about the word "parent."

Vien (2019) provided a list of contemporary ACE questionnaires and surveys in circulation. There are currently 18 adaptions or expanded versions of the ACE questionnaire. Only one had less than the original 10 ACEs listed in the questionnaire. The other 17 added ACEs to the questionnaire ranging from two to 42 additional questions. Three questionnaires included a term such as a guardian or a caregiver, but the developers did not provide a conceptual definition with the added term(s). Moreover, those questionnaires remain exclusive by not addressing all SES circumstances. Ironically, some of the studies explicitly stated they were conducting a study because their community was more diverse than others, referencing Dr. Felitti's middle-class study (Vein, 2019). However, the researchers did not provide a more inclusive and culturally sensitive term to better capture their intended sample. The current ACE questionnaires in circulation do not provide inclusiveness or cultural and statistical sensitivity to more fully capture high-risk populations. Several questionnaires ask if "anyone" acted according to the ACE question, but "anyone" is too vague of a term and should be asked separately from the ACE questionnaire. The original ACE questionnaire's intent inquires about a child's experiences from a trusted caregiver and not "anyone" (V. Felitti, personal communication, October 21, 2019). As mentioned earlier, attachment theory supports the notion of that intent. For an exhaustive list of the expanded or adapted ACE questionnaires, visit https://www.acesconnection.com/g/resource-center/blog/resource-list-extendedaces-surveys.

Discussion

The authors of this article pondered the above limitations and the ACE questionnaire's efficacy and ability to measure childhood trauma diversely. The authors contacted Dr. Felitti to discuss the questionnaire's terminology and to ask whether the rephrasing of a term in the seminal ACE questionnaire would significantly impact the outcome of a proposed study if the rephrased word were more inclusive and sensitive. Dr. Felitti acknowledged that the rephrased terminology in an ACE questionnaire might increase the number of participants reporting ACEs (V. Felitti, personal communication, October 21, 2019). One can postulate that an increase in participants reporting ACEs would also suggest increased test sensitivity. Dr. Felitti also agreed that to be more comprehensive and modernized, the word "parent(s)" would need to be replaced to reflect a more inclusive and culturally sensitive term for the questionnaire. His agreement is on the premise that the word "parent" indeed remains exclusive (Murray, 2008). Dr. Felitti agreed that the term "primary caregiver" (PC) would best fit the criteria and is conceptualized as: an individual such as but not limited to your biological parent(s), step-parent(s), grandparent(s), nanny, another family member, foster or adopted parent(s), aunt/uncle or other legal guardians who were responsible for your daily care and rearing (V. Felitti, personal communication, October 21, 2019). This article's authors suggest rephrasing ACE questions using the word "parent" to "primary caregiver" with the accompanying definition.

Limitations

Admittedly, this conceptual analysis is not deterministic: not every individual with ACEs has an insecure attachment. Additionally, having zero or very few ACEs does not guarantee a secure attachment, nor does it automatically infer that a child with a high number of ACEs has an insecure attachment. Too, the original ACE questionnaire does mention "step-mother" and "live with anyone", but the word parent is most stated. The evidence provided illustrates how a researcher or clinician inquiring about ACEs or childhood trauma can better account for individuals who experience trauma by rephrasing the term "parent" to "primary caregiver."

Implications

Whether direct (the PC) or in-direct (a visiting family acquaintance, coach, or other trusted figure), ACE questions should *not* focus exclusively on relationships within the home environment. A functional, stable home environment can comfort children in the event of a traumatic experience, such as losing a pet, witnessing an assault, being bullied at school, or experiencing a natural disaster. A stable home with a nurturing PC(s) can foster a secure attachment and assuage the traumatic emotional event. Reliable, consistent relationships *outside* the home can have the same effect (Doyle et al., 2009; Hazan & Shaver, 1994; Litt, 1986; Yip et al., 2018). This would suggest that the inverse is also true: that trusted relationships in the home and outside the home can negatively affect an individual. Additionally, if a child initially had an insecure attachment at the inception of adoption or fostering, the child's insecure attachment can transform into a secure one, or vice versa, due to a child's perspective of needs being met (Davila et al., 1997; Theisen et al., 2018). It is vital for professionals utilizing ACEs to be as inclusive and culturally sensitive as possible. The premise that one can attach emotionally to others reflects the principles of attachment theory (Bowlby, 1977); thereby, it is crucial to inquire about other relationships other than with a parent in the ACE questionnaire.

Dr. Felitti (2019) stated that adult primary care medicine is gradually moving away from a biomedical approach and adopting a biopsychosocial perspective due to the ACEs' negative health effects (Felitti, 2019). The utilization of ACE questionnaires is becoming more common in research and health care. Having the proper construct validity is crucial to ensure that data from a sample being researched or assessed is collected accurately. Moreover, if healthcare clinicians screen empathically and competently while inquiring about ACEs, the resultant efforts may reduce outpatient and ER visits (Felitti, 2019). It is apparent for a need to be more inclusive and culturally sensitive when screening for ACEs. We can conclude that there is a need to move away from the word "parent" in current and future ACE questionnaires.

The term "primary caregiver" addresses that need with the provided definition and bridges that gap between being more culturally and statistically sensitive. The added term can bolster research by better capturing those hundreds of thousands in foster care or the 2.7 million individuals in alternative care that do not have a "parent." The term primary caregiver can improve healthcare clinics and researchers immediately by capturing those who do not have "parent(s)". These updated changes reflect the essence of the social work values of competence, the importance of human relationships, social justice, and the dignity and worth of a person. The term "primary caregiver" normalizes an individual's childhood home or domicile experience by respecting their dignity and worth. The added term shows an added competence in healthcare and other social work fields by being mindful of the differences of a person's cultural and ethnic backgrounds. Finally, a person who otherwise may not have screened positive with ACEs when the archaic "parent" term was referenced may experience a feeling of justice that they are now being understood and heard. The prevalence of ACEs remains relatively high and adding PC to an ACE questionnaire can be implemented immediately.

References

- Alcalá, H. E., Keim-Malpass, J., & Mitchell, E. (2017). Colorectal cancer screening and adverse childhood experiences: Which adversities matter? *Child Abuse & Neglect*, 69, 145-150. https://doi.org/doi:10.1016/j.chiabu.2017.04.026
- Anakwe, A., Majee, W., Keller, K. J., & Jooste, K. (2020). Family structure diversity: Views from rural community leaders and implications for youth engagement. *Community Development*, *51*(2), 157-171. https://doi.org/10.1080/15575330.2020.1749100
- Basham, K. (2008). Homecoming as safe haven or the new front: Attachment and detachment in military couples. *Clinical Social Work Journal*, *36*(1), 83-96. https://doi.org/10.1007/s10615-007-0138-9
- Bowlby, J. (1977). The making and breaking of affectional bonds. I: Aetiology and psychopathology in the light of attachment theory, II: Some principles of psychotherapy. *British Journal of Psychiatry*, 130(3/5), 201-210. https://doi.org/10.1192/bjp.130.3.201
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, 52(4), 664-678. https://doi.org/10.1111/j.1939-0025.1982.tb01456.x
- Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Basic books.
- Buka, S. L., Rosenthal, S. R., & Lacy, M. E. (2018). Epidemiological study designs: Traditional and novel approaches to advance life course health development research. In N. Halfon, C. B. Forrest, R. M. Lerner, & E. M. Faustman (Eds.), *Handbook of life course health development* (pp. 541-560). Springer. https://doi.org/10.1007/978-3-319-47143-3.
- Burke Harris, N., Silvério Marques, S., Oh, D., Bucci, M., & Cloutier, M. (2017). Prevent, screen, heal: Collective action to fight the toxic effects of early life adversity. *Academic Pediatrics*, *17*(7S), S14-S15. https://doi.org/10.1016/j.acap.2016.11.015
- Burke-Harris, N. (2017). The Deepest Well: Healing the long-term effects of childhood adversity. *Library Journal*, 142(14), 82-82.
- Cavanagh, S. E., & Fomby, P. (2019). Family instability in the lives of American children. *Annual Review of Sociology*, 45(1), 493-513. https://doi.org/10.1146/annurev-soc-073018-022633
- Conn, A.-M., Szilagyi, M. A., Jee, S. H., Manly, J. T., Briggs, R., & Szilagyi, P. G. (2018). Parental perspectives of screening for adverse childhood experiences in pediatric primary care. *Families, Systems & Health: The Journal Of Collaborative Family Healthcare*, *36*(1), 62-72. https://doi.org/10.1037/fsh0000311
- Davila, J., Burge, D., & Hammen, C. (1997). Why does attachment style change? *Journal of Personality Social Psychology*, 73(4), 826-838. https://doi.org/10.1037/0022-3514.73.4.826
- Doyle, A. B., Lawford, H., & Markiewicz, D. (2009). Attachment style with mother, father, best friend, and romantic partner during adolescence. *Journal of Research on Adolescence*, *19*(4), 690-714. https://doi.org/10.1111/j.1532-7795.2009.00617.
- Dube, S. R., Williamson, D. F., Thompson, T., Felitti, V. J., & Anda, R. F. (2004). Assessing the reliability of retrospective reports of adverse childhood experiences among adult HMO members attending a primary care clinic. *Child Abuse & Neglect*, 28(7), 729-737. https://doi.org/10.1016/j.chiabu.2003.08.009
- Eastman, A. L., Palmer, L., & Ahn, E. (2019). Pregnant and parenting youth in care and their children: A literature review. *Child & Adolescent Social Work Journal*, *36*(6), 571-581. https://doi.org/10.1007/s10560-019-00598-8
- Egen, O., Beatty, K., Blackley, D. J., Brown, K., & Wykoff, R. (2017). Health and social conditions of the poorest versus wealthiest counties in the United States. *American Journal of Public Health*, 107(1), 130-135. https://doi.org/10.2105/AJPH.2016.303515
- Eisenberger, N. I., & Cole, S. W. (2012). Social neuroscience and health: Neurophysiological mechanisms linking social ties with physical health. *Nature Neuroscience*, *15*(5), 669-674. https://doi.org/10.1038/nn.3086
- Felitti, V. J. (2017). Future applications of the adverse childhood experiences research. *Journal of Child & Adolescent Trauma*, 10(3), 205-206. https://doi.org/10.1007/s40653-017-0189-1

- Felitti, V. J. (2019). Health appraisal and the adverse childhood experiences study: National implications for health care, cost, and utilization. *The Permanente Journal*, 23, 18-26. https://doi.org/10.7812/TPP/18-026
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Journal of Preventative Medicine*, 14. d https://doi.org/10.1016/s0749-3797(98)00017-8
- Flanagan, T., Alabaster, A., McCaw, B., Stoller, N., Watson, C., & Young-Wolff, K. C. (2018). Feasibility and acceptability of screening for adverse childhood experiences in prenatal care. *Journal Of Women's Health* (2002), 27(7), 903-911. https://doi.org/10.1089/jwh.2017.6649
- Fomby, P., & Cherlin, A. J. (2007). Family instability and child well-being. *American Sociological Review*, 72(2), 181-204. https://doi.org/10.1177/000312240707200203.
- Glowa, P. T., Olson, A. L., & Johnson, D. J. (2016). Screening for adverse childhood experiences in a family medicine setting: A feasibility study. *Journal of the American Board of Family Medicine : JABFM*, 29(3), 303. https://doi.org/10.3122/jabfm.2016.03.150310
- Grajewski, P., & Dragan, M. (2020). Adverse childhood experiences, dissociation, and anxious attachment style as risk factors of gaming disorder. *Addictive Behaviors Reports*, 11. https://doi.org/10.1016/j.abrep.2020.100269
- Halfon, N., Forrest, C. B., Lerner, R. M., & Faustman, E. M. (2018). *Handbook of life course health development*. Springer Nature.
- Halfon, N., Forrest, C. B., Lerner, R. M., Faustman, E. M., Tullis, E., & Son, J. (2018). Life Course Research Agenda (LCRA), Version 1.0. In N. Halfon, C. B. Forrest, R. M. Lerner, & E. M. Faustman (Eds.), *Handbook of life course health development*, (pp. 623-645). Springer Nature. https://doi.org/10.1007/978-3-319-47143-3
- Hazan, C., & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry*, *5*(1), 1. https://doi.org/10.1207/s15327965pli0501_1
- Higgins, M. F., Macken, A. P., Cullen, W., Saunders, J., Dunne, C., & O'Gorman, C. S. (2013). What is the difference between sensitivity and specificity? Or positive predictive value and negative predictive value? And what's a ROC if it's not a type of bird? *Irish Medical Journal*, 106(2 Suppl), 11-13. issn: 0332-3102
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., & Mikton, C. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Journal of Lancet Public Health*, 2. https://doi.org/10.1016/s2468-2667(17)30118-4
- Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: A systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465. https://doi.org/10.1002/2327-6924.12215
- Kerker, B. D., Storfer-Isser, A., Szilagyi, M., Stein, R. E. K., Garner, A. S., O'Connor, K. G., Hoagwood, K. E., & Horwitz, S. M. (2016). Do pediatricians ask about adverse childhood experiences in pediatric primary care? *Academic Pediatrics*, *16*(2), 154-160. https://doi.org/10.1016/j.acap.2015.08.00
- Kim, P., Evans, G. W., Chen, E., Miller, G., & Seeman, T. (2018). How socioeconomic disadvantages get under the skin and into the brain to influence health development across the lifespan. In N. Halfon, C. B. Forrest, R. M. Lerner, & E. M. Faustman (Eds.), *Handbook of life course health development*, (pp. 463-497). https://doi.org/10.1007/978-3-319-47143-3
- Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & Van der Kolk, B. A. (2017). Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, *35*(5), 424-430. https://doi.org/10.3928/00485713-20050501-08
- Levine, A., & Heller, R. (2012). Attached: The new science of adult attachment and how it can help you find-and keep-love. Penguin.
- Li, W., Zhang, X., Chu, M., & Li, G. (2020). The impact of adverse childhood experiences on mobile phone addiction in Chinese college students: A serial multiple mediator model. *Frontiers In Psychology*, 11, 834. https://doi.org/10.3389/fpsyg.2020.00834

- Litt, C. J. (1986). Theories of transitional object attachment: An overview. *International Journal of Behavioral Development*, 9(3), 383-399. https://doi.org/10.1177/016502548600900308
- Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., Goldman, H., & Steele, H. (2014). Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships. *Child Abuse & Neglect*, 38(2), 224-233. https://doi.org/10.1016/j.chiabu.2013.09.004
- Murray, M. (2008). The Networked Family: Reframing the Legal Understanding of Caregiving and Caregivers [Article]. *Virginia Law Review*, 94(2), 385-455.

 https://www.jstor.org/stable/pdf/25470561.pdf?casa_token=bltRxkxqU2EAAAAA:ynuh6PPheCFRH
 3crMoxQ5vytbGuhFbcZ5vJE7hXxcticB56js6BMzbCPU6ymUKaU7GRbs1VnOXwCd99r9ms_MDUapY_7hnMM6sFLKvVgYcJ8m3wm9pj3
- Nakazawa, D. J. (2016). *Childhood disrupted: How your biography becomes your biology, and how you can heal*. Atria Paperback.
- Oh, D. L., Jerman, P., Silvério Marques, S., Koita, K., Purewal Boparai, S. K., Burke Harris, N., & Bucci, M. (2018). Systematic review of pediatric health outcomes associated with childhood adversity. *BMC Pediatrics*, 18(1), 83-83. https://doi.org/10.1186/s12887-018-1037-7
- Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse & Neglect*, 70, 388-398. https://doi.org/10.1016/j.chiabu.2016.11.026
- Pinto, R., Correia, L., & Maia, Â. (2014). Assessing the reliability of retrospective reports of adverse childhood experiences among adolescents with documented childhood maltreatment. *Journal of Family Violence*, 29(4), 431-438. https://doi.org/10.1007/s10896-014-9602-9
- Robinson, Q. L., & Searcy, D. Y. (2017). Strategic mentoring as a culturally responsive approach for mentoring fatherless black boys. WEI International Academic Conference Proceedings, Barcelona, Spain. https://www.westeastinstitute.com/wp-content/uploads/2017/02/Quintin-L.-Robinson-D.-Yan-Searcy.pdf
- Ruedas-Gracia, N., Brown, C. S., Amechi, M., Zamani-Gallaher, E. M., & Stewart, N. M. (2020). Foster youth and basic-needs insecurity. *UPDATE*. https://doi.org/10.1002/cc.20287
- Sedighimornani, N., Rimes, K., & Verplanken, B. (2020). Factors contributing to the experience of shame and shame management: Adverse childhood experiences, peer acceptance, and attachment styles. *The Journal of Social Psychology*. https://doi.org/10.1080/00224545.2020.1778616
- Sheinbaum, T., Bifulco, A., Ballespí, S., Mitjavila, M., Kwapil, T. R., & Barrantes-Vidal, N. (2015). Interview investigation of insecure attachment styles as mediators between poor childhood care and schizophrenia-spectrum phenomenology. *PLoS ONE*, *10*(8), 1-12. https://doi.org/10.1371/journal.pone.0135150
- Siegel, D. J., & Bryson, T. P. (2012). The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind. Bantam.
- Tamman, A. J. F., Sippel, L. M., Han, S., Neria, Y., Krystal, J. H., Southwick, S. M., Gelernter, J., & Pietrzak, R. H. (2019). Attachment style moderates effects of FKBP5 polymorphisms and childhood abuse on post-traumatic stress symptoms: Results from the national health and resilience in veterans study. *The World Journal of Biological Psychiatry: The Official Journal of the World Federation of Societies of Biological Psychiatry*, 20(4), 289-300. https://doi.org/10.1080/15622975.2017.1376114
- Theisen, J. C., Fraley, R. C., Hankin, B. L., Young, J. F., & Chopik, W. J. (2018). How do attachment styles change from childhood through adolescence? Findings from an accelerated longitudinal cohort study. *Journal of Research in Personality*, 74, 141-146. https://doi.org/10.1016/j.jrp.2018.04.001
- Thomas Boyce, W., & Hertzman, C. (2018). Early childhood health and the life course: The state of the science and proposed research priorities: A background paper for the MCH Life Course Research Network. In N. Halfon, C. B. Forrest, R. M. Lerner, & E. M. Faustman (Eds.), *Handbook of life course health development*, (pp. 61-93). Springer Nature. https://doi.org/10.1007/978-3-319-47143-3.
- Valikhani, A., Abbasi, Z., Radman, E., Goodarzi, M. A., & Moustafa, A. A. (2018). Insecure attachment and subclinical depression, anxiety, and stress: A three-dimensional model of personality self-regulation as a mediator. *The Journal of Psychology: Interdisciplinary and Applied, 152*(8), 548-572. https://doi.org/10.1080/00223980.2018.1468727

- Van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry*, 1(5), 253-265.
- Vein, M. (2019). ACE surveys (different types of). https://www.acesconnection.com/g/resource-center/blog/resource-list-extended-aces-surveys
- Wood, D., Crapnell, T., Lau, L., Bennett, A., Lotstein, D., Ferris, M., & Kuo, A. (2018). Emerging Adulthood as a Critical Stage in the Life Course. In N. Halfon, C. B. Forrest, R. M. Lerner, & E. M. Faustman (Eds.), *Handbook of life course health development*, (pp. 123-143). Springer Nature. https://doi.org/10.1007/978-3-319-47143-3
- Yerkovich, M., & Yerkovich, K. (2017). How we love: Discover your love style, enhance your marriage. WaterBrook.
- Yip, J., Ehrhardt, K., Black, H., & Walker, D. O. (2018). Attachment theory at work: A review and directions for future research. *Journal of Organizational Behavior*, 39(2), 185-198. https://doi.org/10.1002/job.2204

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Social Learning Theory: A Method for Redirecting Juveniles from Detention Facilities

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Abstract

This article introduces social learning theory from a social work and criminological perspective related to working with the juvenile offender population. The goal is to capitalize on the contributions social learning theory can have and introduce a model of what we are calling divergent community strategies with juveniles in conflict with the law in the United States. Community-based diversion programs are focused on identifying contributing factors to juvenile offending, recidivism, and obtaining perceptions regarding different types of services, all of which are community-based and aimed at rehabilitation and skills training of juveniles. The objective is to place juveniles in a supportive community, rather than a detention facility, where they will be exposed to positive life building skills that will provide a solid foundation before returning to their home community. This approach promotes pro-social development among the juvenile offender population in the United States.

Keywords: Social learning theory; diversion; community; juvenile offender

Social Learning Theory: A Method for Redirecting Juveniles from Detention Facilities

More than 48,000 youth are held in restrictive, correctional-style facilities every day in the United States (U.S.) (Hockenberry & Puzzanchera, 2020). Youth introduced at an early age quickly learn how easy it is to get in, but rarely can escape this revolving door of the U.S. criminal justice system. Delinquent youth have reported an estimate of four Adverse Childhood Experiences (ACE) (Baglivio et al., 2013), a rate about four times higher than the original ACE study population (Felitti et al., 1998). Early life adversity posits a range of difficulties and is likely to be incorporated in every system throughout the lifespan (e.g., individual, familial, neighborhood, community, and school systems) and is also directly linked to offending behaviors and delinquency (Mallett, 2017).

Nationwide, more types of correctional facilities for adults are offered compared to juvenile facilities. Currently a lack of specified housing options are available to juveniles in the correctional system, enabling all detainees to interact with one another. Recent literature exists suggesting youths' experience being detained may make it more likely that youth will continue to engage in delinquent behavior upon release (Shoemaker, 2018).

Paternoster and colleagues (2013) were among the first to conduct a laboratory-based experiment grounded within criminology examining the causal role of deviant peer influence. The results from this study provide evidence that exposure to deviant peer behavior increases one's own deviancy. A few years later, Mercer et al. (2018) conducted a replication experiment retesting the study design previously used by Paternoster et al. (2013). Consistent with the former study results, Mercer et al. (2018) found that peer deviancy is a strong predictor of one's own delinquency. Pioneering the field forward, these two studies also demonstrated the benefit of studying human behavior and peer influence within a controlled laboratory setting (Paternoster et al., 2013). These findings further support the argument that housing juveniles together in a general population detention facility, regardless of nature and severity of crime committed, can directly expose vulnerable youth to a life of crime.

The unique detention experience may additionally spoil youth's independent image of self, creating the unconscious feeling supporting the need to go back to the place they had once felt a part of (Hutcherson, 2012). Policymakers, instead, might look at detention reform through the lens of social learning theory, take the negative effect it currently has and tailor it in a way to have a positive effect on these young people, thus promoting smart decarceration, one of the 12 Grand Challenges for Social Work (American Academy of Social Work and Social Welfare, n.d.).

Human behavior in the social environment has been addressed by scientists from disciplines including philosophy, social work, psychology, and criminology. This paper provides a theoretical example of how social learning theory, historically used as a deficit-based theory when applied to this population, can be reframed as a strengths-based approach. In doing so, reframing social learning theory's negative connotation through a strengths-based lens promotes placing juvenile offenders in nurturing community-based environments, as opposed to locked juvenile detention centers. In turn, I hypothesize there will be a decrease in recidivism rates across the lifetime.

As acknowledged by the Supreme Court (*Graham v. Florida*, 2010; *Miller v. Alabama*, 2012; *Roper v. Simmons*, 2005), juveniles are developmentally unique from adults (e.g., heightened vulnerability to peer groups and environmental conditions, and underdeveloped self-regulation and control), are fundamentally different with different services needed, and have diminished decision-making skills (Steinberg, 2017). Today, the U.S. criminal justice system takes these developmental differences into account and believes juveniles are more amenable to treatment compared to adult offenders (Betchtold & Cauffman, 2014).

A nurturing environment, first conceptualized by Biglan et al. (2012), focuses on preventing or minimizing psychological, social, and behavioral problems to reinforce prosocial behaviors; thus, diverting peer and environmental influence of problem behaviors to foster neural and psychological plasticity. Housing juveniles in nurturing environments can allow for juveniles to be removed from their current community which may be a major contributing risk factor to offending, and instead, be placed in an alternative community setting that gives youth offenders space to grow with opportunity to attend a supportive school, while concurrently teaching positive life skills after school and on weekends, of which can be immediately applied to everyday life. This immediate application is important as learned behavior

through exposure in comparison to learning skills in a secured facility where juveniles are more likely to forget, or never have been offered such trainings and skill building opportunities. Overall, this could reduce the number of young people unnecessarily detained and invest in community-based juvenile interventions to reduce recidivism and crime.

Critiques of Juvenile Detention Facilities

Throughout history, several sociopolitical factors attribute to the development of the unjust juvenile justice system we see today. Structural oppression continues to have a significant impact on any attempt at reforming the criminal justice system and will continue to do so in the future (Lawrence & Hesse, 2009, p. 267), unless corrections are made. The correctional system in the U.S. is far from immune to structural oppression and can often be seen as more problematic within the justice system. Race-based policing and prosecution continue placing those from black communities at a disadvantage to receive equal adjudication (Campbell et al., 2018). Currently, racial and ethnic disparities along with classism are often overlooked when using tools, such as a risk assessment, that leads to higher risk scores, not individualized to the youth (Goddard & Myers, 2017). Structural oppression is deeply woven into the U.S. justice system and continues to pose as a threat to marginalized groups.

The controversial practice of exposing previously troubled youth to an environment that closely resembles adult prisons rather than that of a community-based intervention can be argued as facilitating and enabling our youth to live a life filled with pain and suffering that could have been minimized and which directly impacts larger society – a disservice to all involved. Although not intended to be a place for fun and enjoyment, per se, often the detained youth are housed in overcrowded, understaffed facilities—an environment that conspires to breed neglect and violence (Holman & Ziedenberg, 2006). A review of the youth corrections literature shows that detention has an overwhelmingly negative impact on young people's mental and physical well-being, education, and their employment prospects (Viola et al., 2015).

Enough studies have been conducted that there is a widely agreed upon consensus that histories of trauma are likely to play a significant role with delinquent youth. Most youth who are initiated into the criminal justice system bring with them disproportionately high rates of pre-existing trauma endured throughout their developmental years. One study found that over half (60%) of detained youth reported a history of childhood trauma, specifically child abuse and/or neglect, making it the leading predictor of a PTSD diagnosis (Moore et al., 2013).

Incarcerated youth continue to experience high rates of mental health symptoms. A study on mental health symptoms found that within the first 14 days of admission to a detention center, nearly half of the sample (47%) reported at least one mental health symptom. Twenty-two percent of the same youth sample reported experiencing depression, 13% reported anxiety, 22% reported aggression, 3.8% reported suicidal ideation, and 20% reported insomnia (Balogun et al., 2018). High levels of hopelessness and acute situational stress of incarceration might rationalize why detained youth have levels of psychological distress similar to those of adolescents with severe mental illness hospitalized in an acute psychiatric inpatient unit (Hayes, 2009). These youth already show high rates of childhood trauma before being admitted to detention facilities and once admitted, are exposed to possible additional traumatization.

The correctional facility intake process alone can be a highly stressful experience, which can increase risk of suicidal ideation and self-injury in youth (Casiano et al., 2013). The Bureau of Justice Statistics reported the overall mortality rate in local jails increased from 128 per 100,000 jail inmates in 2012 to 135 per 100,000 in 2013 (Noonan et al., 2017). Suicide in juvenile correctional facilities is the leading cause of death and has only just become a focal point in research studies nationwide.

The prevalence of suicidal rates among this population continues to rise and is a major risk factor. Research supports screening for suicide within the first 24 hours of admission (Joshi & Billick, 2017). Screening youth for suicidal ideation and other mental disorders associated with suicidal ideation upon entry varies. In a U.S. governmental report, 84% of the 80% of facilities that reported doing suicidal screening at admission said that they evaluated all youth for risk. Among those who did conduct the screenings at admission, about 40% used neither mental health professionals nor counselors trained by mental health professionals to conduct suicide screening (Hockenberry et al., 2013).

Gallagher and Dobrin (2006) found that only 60% of facilities screened all youth upon entry, but those that did were less likely to report a suicide. With the commonality of suicides in these facilities, the suicide training was inconsistent as well. Among facilities who reported a juvenile completing suicide while detained, less than 38% responded by providing annual suicide prevention to the staff who work and care for these juveniles on a day-to-day basis (Hayes, 2009).

Societal efforts to reduce costs of health care have resulted in shortages in the mental health system, which, in turn, has led to a shift for the department of corrections to care for the mentally ill, who are being presented to the criminal justice system due to ignored juvenile mental illness. At-risk youth are more susceptible to mental health and substance abuse outcomes and typically do not self-refer for mental health resources (Damian et al., 2018). The detainment of juveniles with mental illnesses may be preventable if the juvenile is in a more supportive social environment where mental health issues can be treated before offending occurs.

There are several harmful effects imposed on juveniles by correctional facilities. Commonly acknowledged issues juvenile facilities face include being overcrowded, understaffed, and promoting neglect and violence. Literature shows a negative impact on individuals' physical and mental well-being, as well as educational and employment outcomes and an increase of psychological distress and mental illness while housed in such facilities (Joshi & Billick, 2017). Detained youth are at increased risk of suicide and suicidal ideation, beginning at admission, and may or may not be screened for potential preventative measures to occur if needed. The significant morbidity, mortality, and rates of psychiatric disorders are elevated tenfold in incarcerated youth (Wesserman et al., 2004). Although more screening instrument developments are underway, limitations are present, such as heterogeneity of the incarcerated population.

The correctional system in the U.S. started with the intention to rehabilitate offenders to then reintegrate into society as a law-abiding citizen. Instead, an ineffective and punitive approach has become common practice in today's correctional system. As a discipline, social work researchers and clinicians honor the person-in-environment (PIE) theory, largely placing emphasis on behavior being a reflection of their environment (Unrau & McCormic, 2016). If the juvenile correctional system reframes its approach to focus on the PIE perspective, with emphasis on housing and community placement, recidivism rates may likely decrease, while young people are becoming successful, contributing members of society. The youth of our society are being exposed to negative experiences and absorbing poor life lessons through the lens

of social learning theory that can stay with them for a lifetime. This negative effect surges the likeliness of reoffending and increases recidivism rates.

Recidivism

The focus the U.S. correctional system has on locking youth offenders in detention facilities in efforts to protect society diminishes effective rehabilitative programs and leads to high recidivism rates for released offenders (Seigafo, 2017). The term recidivism has been a buzzword in the past decade or so, yet rates of reoffending remain problematic. In the U.S., states are at liberty to decide processes and systems to track juvenile recidivism rates. Therefore, national statistics for juvenile offenders do not exist. However, within the last 20 years, two recidivism studies have provided access to some data, providing generalizable trends.

The Bureau of Justice Statistics (BJS) recruited 15 state correctional departments to participate in a 3-year study, tracking 272,111 former inmates who had been released in 1994 (Langan & Levin, 2002). The second noteworthy BJS study included 30 States and a sample size of 404,638 former inmates, released in 2005. Researchers tracked and analyzed recidivism rates between 2005 to 2010 within the three-year and five-year period since release (Durose et al., 2014). Within the three-year period, the full sample released in 2005 (n=404,638), 67.8% reoffended within a three-year period since being released from prison, and 76.6% were arrested within five years of release (Durose et al., 2014).

Direct statistical comparison between the 1994 and 2005 studies would be ill-advised, although the BSJ report (Durose et al., 2014) provides differences between the two studies, and adjustments that can be made for comparison purposes. Once adjustments and controls for differences had been conducted, Durose, Cooper, and Snyder (2014) report a 2.4 percentage point increase between 1994 (66.9%; n=249,657) and 2005 (69.3%; n=286,829).

As a society, the U.S. puts an emphasis on the educational system. There is no exception for incarcerated youth in that regard. Quality education in correlation to employment is viewed as the most powerful component in recidivism reduction and producing a socially productive, healthy, and happy adult (Gagnon & Barber, 2010).

A hostile interpretation of the actions of others and one's environment and aggressive tendencies increases antisocial behavior, pathways by which adverse childhood experiences (ACEs) have both a direct and indirect effect on recidivism and affect juvenile delinquency (Wolff & Baglivio, 2017). Some youth present as more irritable, aggressive and hostile in nature, easily frustrated and/or have difficulty expressing themselves. This cycle is intensified for those youth who are born into a maladaptive and dysfunctional environment (Baglivio et al., 2017). Eisenberg and colleagues (2000) state, "early temperamental differences in emotion and regulation contribute to the development of later personality differences and social adjustment by evoking responses from the interpersonal environment that reinforces the child's initial tendencies." Social learning theory runs concurrently with what ACE stands for in that the environment around you affects the person in that moment and in the future.

Theoretical Framework

Albert Bandura (1977) argued that social learning theory is based on the idea that children/juveniles imitate others of whom they are surrounded. As described above, early life experiences are directly linked to juveniles offending (Wolff & Baglivio, 2017). These juveniles are engrossed within different systems such as family, neighborhood and community where they could be absorbing negative attitudes, behaviors, habits, and ways of living that contribute to illegal activity. Bandura (1977) gives examples of learning aggression in ways that are apparent in everyday life, such as violence on the television, video games, and in music. Thus, these aggressive behaviors are supported by the juveniles' learning that violence/deviant behavior is sometimes acceptable and can produce desirable outcomes (Anderson et al., 2010).

Social learning theory can also be seen through a criminological lens (Akers & Jensen, 2017). This theory assists in the explanation of criminal and deviant behavior that embraces social and cultural factors working to both motivate and control criminal behavior and to both promote and undermine conformity. Commonly, the mistake in much of the literature states that social learning theory is the result of bad companions or a "cultural deviance" theory. It is not solely a theory of the causes of crime addressing "why they do it" and inept of explaining "why they do not." The theory incorporates crime facilitating as well as protective and preventative factors (Cullen et al., 2011).

Integration of Differential Association Theory and Social Learning Theory

Differential association theory falls under the criminological umbrella that looks at acts of criminal behavior as learned behavior. Edwin H. Sutherland, a sociologist who spent most of his life's work impacting the field of criminology, is credited with the development of the differential association theory (Sutherland, 1939). Over a period of 20 years, Sutherland published a multitude of different versions of his theory within which he tried to give a universal explanation of crime. He was mostly interested in explaining the "epidemiology" of crime and in explaining how an individual comes to engage in illegal behavior and insisted that the two explanations must be consistent (Burgess & Akers, 1966). Additionally, with differential association theory, Sutherland argued that people become engaged in criminal activity due to learning processes and behaviors (criminal or non-criminal) learned within intimate social groups (e.g. family, community, social, etc.) and through interactions with others (Stevens et al., 2011).

Once differential association theory had been established, tested, and supported by other researchers, Burgess and Akers (1966) revised Sutherland's propositions into reformulated statements of their own. This reformulation of the differential association theory aimed to describe how crime was learned by drawing from learning and behaviorism literature with a heavy emphasis on the relationship between behavior and reinforcements. These seven principles are what make up Burgess and Akers' social learning theory (Cooper et al., 2009).

Akers' social learning theory proposes four principal 'modalities' by which the stated associations by Warr (2002) vary in the effect they have on one's behavior. These four modalities are: intensity (importance or closeness of the relationships with whom they associate with), frequency (how often the association takes place), priority (associations that occur first/earliest), and duration (period of time over which the associations occur and the relative amount of time spent in the associations). The associations jointly expose an individual to the values, beliefs, and attitudes of those they surround themselves with in an interactional or behavioral dimension (Akers & Jensen, 2006). Therefore, by associating with others,

their behaviors, support, social reactions, sanctions, and their values and attitudes influence an individual's own attitudes and influence their own behavior in return.

It is important to acknowledge that, contrary to how social learning is often described in the literature, social learning is not a rival to Sutherland's (1939) theory and his original propositions. Instead, it is offered as a broader theory to reformulate and build upon Sutherland's original theory, integrating this theoretical perspective with aspects of other scholars' principles elucidated in behavioral learning theory.

Community Divergent Programs as a Solution

Worldwide, several approaches have been implemented in efforts to mitigate youth in conflict with the law. Specific to the U.S., the correctional system largely depends on disciplinary sanctions, including the use of fines (oftentimes seen at rates that are unrealistic, thus imposing yet another additional layer of hardship), incarceration, or hundreds of ordered community service hours. More rarely are Western societies seen abandoning the widely accepted punitive approach to implement positive community programs.

Research has been conducted, passionately opposing similar arguments, with each study having at the very least, a minute difference from the others; while still each offering something unique from the rest with increasing variability within the juvenile justice argument that places community programs above punitive approaches (Bright et al., 2018; Greenwood, 2008; Henggeler & Schoenwald, 2011). Community divergent programs can offer a theoretically sound and promising component to counter the maladaptive and detrimental practice currently in place.

Youth who are at odds with the law and are presented with a divergent program based in the social learning theoretical framework are integrated into a larger social service system. In the diversion program, juveniles are not placed in a correctional facility, but instead placed under the supervision of a community-based agency and assigned to an in-house social worker. For the model proposed, youth are placed in a house with a limited number of other offenders located in a supportive, positive community outside of their home community. Removing youth from their home communities may allow for a more streamlined focus on themselves without their everyday distractions. The community-based agency connects each youth with a pre-screened mentor, to which the foundation of a positive social learning theory is based. Effective juvenile diversion programs were reviewed in a meta-analysis conducted by Lipsey (2009), which found diversion programs that incorporated the facilitation of personal relationship between offender and a positive adult mentor were more effective in reducing recidivism rates.

The agency would be responsible for supervision and rehabilitation of the juveniles, placing an emphasis on reaching milestones and positive social learning with less emphasis on disempowering youth through punitive discipline. In turn, the community agency would be in communication with the parole officer assigned to each youth sharing updates throughout the program. The juvenile court system would receive updates periodically from the parole officer, with a check-in every six months to one year, depending on the nature of youth offense and term set to remain in the program. Setting similar foci as a study done in South Africa, Roestenburg and Oliphant (2012) state, "the focus of services is to divert the child away from the traditional correctional environment or child welfare system and provide a skills-oriented intervention system that equips the child to fulfill a more productive role in the community" (p. 34). Traditionally, correctional programs have provided the necessary protection for society against criminal

behavior but did little else to ensure that these juveniles did not become hardened criminals. With community protection as the only goal and priority, there is little room for rehabilitation for offenders (Roestenburg & Oliphant, 2012).

Community-based placements, rather than placement in juvenile correctional facilities, ideally offer a heightened nurturing environment to facilitate rehabilitation and specific trade or skills training, helpful for future employment. An essential component of this proposal is that new positive skills and vocational training are more likely to be remembered if practiced and applied. Sousa (2016) supports the idea that 'practice does not make perfect: it makes permanent' (p. 143). Practice allows for youth to apply newly learned skills in new situations, with room to learn from mistakes. Given the restricted nature of correctional facilities, applied practice is not practical, or may not be practiced at all, whereas community-based placements can allow for immediate application of new skills.

Specific guidelines for the services associated to juveniles in conflict with the law are outlined by The White Paper for Social Welfare (Republic of South Africa, 1997) and can be used as a jumping off point for this proposal. Guidelines include: connecting juveniles to family, community, and culture and by providing rehabilitative services in the community to strengthen ties; empower and educate the children, parents, and the community on strategies and services related to the needs of juveniles in conflict; involving the family and the community in the rehabilitative process; developing diversion and alternative sentencing programs (preventing reoffending) within the community; and, develop special programs to more intensely involve communities in the supervision of sentences of juveniles through the development of special programs for this purpose.

The four modalities mentioned in the previous section are to be included in the suggested diversion program based on social learning theory. Intensity is included through relationships made with an adult mentor; frequency by applying newly learned skills to everyday life; priority through empowered learned behavior (pulling away from harmful learned behavior); and duration is supported through the length of stay in the alternative community setting. Although juveniles will not be placed within their home communities to avoid pollination of harmful relationships, juveniles who partake in divergent community-based programs have the advantage of being located closer to home, compared to a correctional facility in the state that is likely inconveniently located, to allow for family visitation after approval has been granted by youths' social workers to ensure those visiting will help promote healthy social interaction. The juvenile will also get to know members, positive peers and role models in their placement community, and may continue with nurturing activities such as focusing on school while attending the program (Roestenburg & Oliphant, 2012).

The model of divergent community-based programs is fueled by social learning theory and the positive angle it can have, rather than the negative it has proven to have from the correctional facility approach in the past. We predict more positive life outcomes for juvenile offenders who go through this divergent course in place of the current course of treatment to the juvenile correctional facility and see rates of recidivism drop as a result. It would be beneficial to work through the social learning theory framework in social work and criminology amongst other disciplines as well.

Implications for Social Work

Among social work's grand challenges is the promotion of smart decarceration. As such, community-based divergent programs and services help make up a significant portion of this grand challenge. The divergent program explained in this article aims to maintain youth in positive communities where

important life skills, vocational training, and impactful mentorship is offered. Similar in nature to interventions in support of juvenile justice (Bright et al., 2018; Greenwood, 2008; Henggeler & Schoenwald, 2011), this divergent program focuses primarily on positive community relationships through social learning theory.

As childcare experts, social work clinician responsibilities would be enhanced with divergent programs for juvenile offenders, requiring more navigation to community resources. This plays an important role with social workers supervising the community placements and ensuring youth are connected to supportive human relationships and trainings. Increased responsibility for social workers will limit unjust representation for youth coming from disadvantaged or marginalized groups by reducing the lawyer's role and need for representation.

Research Implications

It will be important for future research to examine what other types of intervention can marry divergent programs based on strengths-based social learning theory. For instance, the current conceptual proposal did not take into account prior traumatic events, severity of trauma, or mental illnesses that should impact placement decisions that would be most conducive for youth to thrive. Although this paper examines social learning theory closely, other frameworks should be considered as well, such as Bronfenbrenner's (1979) ecological systems theory and Becker's (1963) labeling theory.

Conclusion

Working with juvenile offenders is a unique and sensitive population that should not be handled lightly. Any change in care can significantly alter the trajectory of their life in one way or another without the influencer having knowledge of its occurrence. What the U.S. is doing with their criminal justice system is not working and has been dominated by a "get tough" approach. The increase in punitive measures has failed to reduce criminal recidivism rates and instead led to a rapidly growing correctional system (Andrews & Bonta, 2010).

This paper has presented a framework through a strengths-based application of social learning theory to inhibit juvenile justice system reform. Divergent community-based programs for juvenile offenders can reduce recidivism rates and foster lifelong positive changes for young offenders. The life skill and vocational training juveniles will be exposed to and develop in the real-world environment makes way for non-law-breaking habits to become learned behavior and new ways of life upon return to their home community. Social learning theory can be a positive framework to apply with this population as opposed to the restrictive environment of a correctional facility.

References

Akers, R. L., & Jensen, G. F. (2017). The empirical status of social learning theory of crime and deviance: The past, present, and future. In *Taking stock* (pp. 37-76). Routledge.

Akers, R. L., & Jensen, G. F. (2006). The empirical status of social learning theory of crime and deviance: The past, present, and future. In F.T. Cullen, J. P. Wright, & K. R. Blevins (Eds.), *Taking stock: The status of criminological theory*. (pp. 37-76). Transaction Publishers.

- American Academy of Social Work and Social Welfare. (n.d.). *Grand Challenges for Social Work*. https://grandchallengesforsocialwork.org/
- Anderson, C. A., Shibya, A., Ihori, N., Swing, E. L., Bushman, B. J., Sakamoto, A., . . . Muniba, S. (2010). Violent video game effects on aggression, empathy, and prosocial behavior in Eastern and Western countries: A meta-analytic review. *Psychological Bulletin*, *136*(2), 151-173. https://doi.org/10.1037/a0018251
- Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law, 16*(1), 39. https://doi.org/10.1037/a0018362
- Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1). Englewood Cliffs, NJ: Prentice-hall.
- Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *The Journal for Juvenile Justice*, *3*(2), 1-23.
- Baglivio, M. T., Wolff, K. T., Epps, N., & Nelson, R. (2017). Predicting adverse childhood experiences: The importance of neighborhood context in youth trauma among delinquent youth. *Crime & Delinquency*, *63*(2), 166-188. https://doi.org/10.1177/0011128715570628
- Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. London: Free Press of Glencoe.
- Biglan, A., Flay, B. R., Embry, D. D., & Sandler, I. N. (2012). The critical role of nurturing environments for promoting human well-being. *American Psychologist*, 67(4), 257–271. doi: 10.1037/a0026796
- Bright, C., Farrell, J., Winters, A., Betsinger, S., Lee, B., & Soydan, H. (2018). Family Centered Treatment, Juvenile Justice, and the Grand Challenge of Smart Decarceration. *Research on Social Work Practice*, 28(5), 638–645. https://doi.org/10.1177/1049731517730127
- Bronfenbrenner, U. (1979). The ecology of human development. Harvard University Press.
- Burgess, R., & Akers, R. (1966). A differential association-reinforcement theory of criminal behavior. *Social Problems*, *14*(2), 128-147.
- Campbell, C., Papp, J., Barnes, A., Onifade, E., & Anderson, V. (2018). Risk assessment and juvenile justice. *Criminology & Public Policy*, 17(3), 525–545. https://doi.org/10.1111/1745-9133.12377
- Casiano, H., Katz, L., Globerman, D., & Sareen, J. (2013). Suicide and deliberate self-injurious behavior in juvenile correctional facilities: A review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry/Journal De L'Academie Canadienne De Psychiatrie De L'enfant Et De L'adolescent*, 22(2), 118-24. PMID: 23667357
- Cooper, K., May, D., Soderstrom, I., & Jarjoura, R. G. (2009). Examining theoretical predictors of substance use among a sample of incarcerated youth. *Journal of Offender Rehabilitation*, 48(8), 669-695. doi: 10.1080/10509670903287675
- Cullen, F. T., Wright, J., & Blevins, K. (Eds.). (2011). *Taking stock: The status of criminological theory* (Vol. 1). Transaction Publishers.
- Damian, A. J., Gallo, J. J., & Mendelson, T. (2018). Barriers and facilitators for access to mental health services by traumatized youth. *Children and Youth Services Review*, 85, 273-278. DOI: 10.1016/j.childyouth.2018.01.003
- Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010.* Washington, DC: Bureau of Justice Statistics. https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4986
- Eisenberg, N., Fabes, R., Guthrie, I., Reiser, M., & Diener, Ed. (2000). Dispositional emotionality and regulation: Their role in predicting quality of social functioning. *Journal of Personality and Social Psychology*, 78(1), 136-157. DOI: 10.1037/0022-3514.78.1.136

- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. DOI: 10.1016/s0749-3797(98)00017-8
- Gagnon, J. C., & Barber, B. (2010). Characteristics of and services provided to youth in secure care facilities. *Behavioral Disorders*, *36*(1), 7-19. https://doi.org/10.1177/019874291003600102
- Gallagher, C. A., & Dobrin, A. (2006). Deaths in juvenile justice residential facilities. *Journal of Adolescent Health*, *38*(6), 662-668. https://doi.org/10.1016/j.jadohealth.2005.01.002
- Goddard, T., & Myers, R. (2017). Against evidence-based oppression: Marginalized youth and the politics of risk-based assessment and intervention. *Theoretical Criminology*, 21(2), 151–167. https://doi.org/10.1177/1362480616645172
- Greenwood, P. (2008). Prevention and intervention programs for juvenile offenders. *The Future of Children*, 18, 185–210. https://doi.org/10.1353/foc.0.0018
- Hayes, L. M. (2009). Juvenile suicide in confinement: A national survey. Diane Publishing.
- Henggeler, S. W., & Schoenwald, S. K. (2011). Evidence-based interventions for juvenile offenders and juvenile justice policies that support them. *Social Policy Report. Society for Research in Child Development*, 25, 3–20. https://doi.org/10.1002/j.2379-3988.2011.tb00066.x
- Hockenberry, S., and Puzzanchera, C. (2020). Juvenile court statistics 2018. *National Center for Juvenile Justice*. https://www.ojjdp.gov/ojstatbb/njcda/pdf/jcs2018.pdf
- Hockenberry, S., Sickmund, M., & Sladky, A. (2013). Juvenile Residential Facility Census, 2010: Selected Findings. Juvenile Offenders and Victims: National Report Series. Bulletin NCJ 241134. Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/241134.pdf
- Holman, B., & Ziedenberg, J. (2006). *The dangers of detention: The impact of incarcerating youth in detention and other secure facilities*. Washington, DC: Justice Policy Institute. Retrieved from http://www.justicepolicy.org/uploads/justicepolicy/documents/dangers_of_detention.pdf
- Hutcherson, D. T. (2012). Crime pays: The connection between time in prison and future criminal earnings. *The Prison Journal*, 92(3), 315-335. https://doi.org/10.1177/0032885512448607
- Joshi, K., & Billick, S. (2017). Biopsychosocial causes of suicide and suicide prevention outcome studies in juvenile detention facilities: A review. *Psychiatric Quarterly*, 88(1), 141-153. https://doi.org/10.1007/s11126-016-9434-2
- Lawrence, R., Hesse, M. (2009). *Juvenile justice: The essentials*. United Kingdom: SAGE Publications
- Langan, P. A., & Levin, D. J. (2002). Recidivism of prisoners released in 1994. *Federal Sentencing Reporter*, 15(1), 58-65. Retrieved from https://www.bjs.gov/content/pub/pdf/rpr94.pdf
- Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, *4*, 124-147. DOI: 10.1080/15564880802612573
- Mallett, C. A. (2017). The school-to-prison pipeline: Disproportionate impact on vulnerable children and adolescents. *Education and Urban Society*, 49(6), 563-592. https://doi.org/10.1177/0013124516644053
- Noonan, M., Rohloff, H., & Ginder, S. (2017). *Mortality in Local Jails and State Prisons*, 2000-2013–Statistical Tables–US Department of Justice. Office of Justice Programs. Bureau of Justice Statistics, 2015. Retrieved from https://www.bjs.gov/content/pub/pdf/mljsp0013st_sum.pdf
- Republic of South Africa. (1997). White paper for social welfare. Government Gazette

- *Notice*, 386(18166). Retrieved from
- https://www.gov.za/sites/default/files/gcis_document/201409/whitepaperonsocialwelfare0.pdf
- Roestenburg, W., & Oliphant, E. (2012). Community-based juvenile offender programs in South Africa: Lessons learned. *Journal of Community Practice*, 20(1/2), 32–51. https://doi.org/10.1080/10705422.2012.644226
- Seigafo, S. (2017). Inmate's right to rehabilitation during incarceration: A critical analysis of the United States correctional system. *International Journal of Criminal Justice Sciences*, *12*(2), 183–195. DOI: 10.5281/zenodo.1034656
- Shoemaker, D. J. (2018). *Theories of delinquency: An examination of explanations of delinquent behavior*. Oxford University Press.
- Sousa, D. (2016). How the brain learns (3rd ed.). Corwin Press.
- Steinberg, L. (2017). Adolescent brain science and juvenile justice policymaking. *Psychology, Public Policy, and Law, 23*(4), 410. https://doi.org/10.1037/law0000128
- Stevens, J., May, D., Rice, N., & Jarjoura, G. R. (2011). Nonsocial versus social reinforcers: contrasting theoretical perspectives on repetitive serious delinquency and drug use. *Youth Violence and Juvenile Justice*, *9*(4), 295-312. https://doi.org/10.1177/1541204011409764
- Sutherland, E. H. (1939). Principles of Criminology. Lippincott, Philadelphia.
- Unrau, Y., & McCormick, M. (2016). The environment-within-person perspective: Integrating a mindfulness framework into social work practice. *Journal of Sociology and Social Welfare, 43*(4), 1. Retrieved from https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=4043&context=jssw
- Viola, W., Mankowski, E., & Gray, M. (2015). The moderating effect of within-group similarity on change in a strengths-based programme for incarcerated young men. *Journal of Community & Applied Social Psychology*, 25(2), 95-109. https://doi.org/10.1002/casp.2196
- Warr, M. (2002). *Companions in crime: The social aspects of criminal conduct*. Cambridge University Press.
- Wolff, K., & Baglivio, M. (2017). Adverse childhood experiences, negative emotionality, and pathways to juvenile recidivism. *Crime & Delinquency*, *63*(12), 1495. https://doi.org/10.1177/0011128715627469

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The Jungle: A critical review

Review of Sinclair, U. (2020) The Jungle: Illustrated 100th Anniversary Edition. Orinda, CA: SeaWolf Press.

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The Jungle: A critical review

The Jungle explores the experience of immigrants during the early 1900s in Packingtown in Chicago, Illinois. The Jungle is an important historical account that continues to be relevant given the current experience of working-class citizens in the United States during the COVID-19 global pandemic. While this book is a fictional account, it is based on the lived experiences of the author, Upton Sinclair, during a two-month visit to the meatpacking plants in Packingtown. The book seeks to provide readers with a realistic account of the experiences of immigrants while highlighting the political climate of the time. Although the book exposed the working conditions of the men, women, and children living and working in Packingtown, readers were more appalled by the unsavory manner in which their food was being processed, thus sparking changes in food safety legislation and prompting the enactment of the Food Enforcement Act (Constitutional Rights Foundation, 2008).

The Jungle focuses on a Lithuanian family who immigrates to the United States in the early 1900s, hoping to achieve the American dream. Jurgis Rudkis is the main character of *The Jungle*. Jurgis is described as an able-bodied man who towers over others; however, this physical manifestation of strength is not enough to protect Jurgis from the effects of Packingtown. Sinclair constructs Jurgis as stoic, reserved, and lacking emotional depth. Jurgis evolves with each chapter and misfortune he and his family are forced to endure—it is through these events that readers are able to see growth in the character.

For a significant amount of time, Jurgis is convinced there is no problem he cannot solve by only working harder. His mentality is supported by the fact that he is the first to secure a job easily upon arrival to Packingtown. A string of events early in the text begins to open his eyes, and the readers see less acceptance and more questioning. Jurgis is also introduced to the labor union, which provides a network of support and purpose; however, involvement in the union alone does not come with a protection from exploitation and misfortune. Union involvement, in many ways, provides Jurgis with a community and a newfound strength, but it also contributes to problems in his life. Jurgis is less accepting of the abuses of the factory owners and is more apt to confront those who have more influence than him.

Ties to the Progressive Movement and Socialism

A highly educated man from a modest background, Sinclair was acutely aware of the stark differences between the working class and society's elite from a young age. Sinclair was born in Baltimore, Maryland, but grew up in New York with his mother. Although they lived in a humble home, he often visited his mother's affluent family in Baltimore. These visits opened Sinclair's eyes to the marked differences between the two social classes (Arthur, 2006) and undoubtedly left a mark on Sinclair. This is evidenced in his unwavering support for the Socialist Party.

Sinclair's book was a significant contribution to the Progressive Movement, which was focused on encouraging social reform by limiting the power of big corporations and putting an end to political corruption (Bureau of Public Affairs, 2008). Additionally, the book provided the impetus for the enactment of the Meat Inspection Act and the Pure Food and Drug Act (1906). It is also important to note that Sinclair used the experiences of the characters to show the political corruption within the unions and the influence of large corporations of the time.

Throughout the text, Sinclair demonstrates how large companies prey on immigrants. Women, for example, are subjected to sexual harassment, rape, and prostitution. The experiences of cousins Marija and Ona are examples of the subjugation of the women accompanying their immigrant families. To help provide for her family, Marija is eventually forced into prostitution and becomes addicted to methamphetamines to cope. Ona, too, is forced into prostitution, but unlike Marija, it is through threats and intimidation from her employer. Ona eventually dies in childbirth- an all-too-common occurrence during this period- leaving Jurgis alone to care for their young son, Antanas.

The issues faced by the family create a segue for Sinclair to frame socialism as a mechanism for change. This is not surprising given the political and social context of the time. Sinclair wrote this book during a period of change in the United States. The industrial revolution strengthened the economy, but it also brought about unforeseen consequences, including the exploitation of factory workers and less cohesion among families. Women and children began working outside of the home to assist with financial burdens.

Capitalism was seen by some as detrimental to society and many began looking towards a different ideology. Sinclair saw the inequity and exploitation firsthand and was a strong supporter of the Socialist Party. However, Sinclair's use of socialism is arguably biased and naïve. While the party brought Jurgis a sense of camaraderie and purpose, it could not fix the greater issues at play, such as political corruption, sexual exploitation of women, and child labor.

Public Reception

Sinclair's book depicts the multidimensional plight of the immigrants. In factories but also in any situation where there was a business interaction, immigrants seemed to be at risk of being exploited. Sinclair's novel describes these events in detail, but the public seemed to largely gloss over these details as evidenced by the legislation which was enacted after the book was published. The book did not result in any improvement for vulnerable populations—instead, it was the catalyst for sanitary meat processing procedures (Constitutional Rights Foundation, 2008). Legislation to improve meat processing procedures is certainly important and ended the unsanitary procedures used in the meat factories. However, this did not improve the lives of the people whom Sinclair was representing in his book.

The general public and politicians were unable to focus on the experience of immigrants, women, and children, and in turn, emphasized the meat processing procedures. Sinclair is quoted as saying, "I aimed at the public's heart and by accident I hit it in the stomach" (Kantor, 1976, p.1202). There is no doubt that *The Jungle* was written with great detail, but perhaps the issue with this novel is not with what Sinclair wrote but who was reading it. The lack of empathy towards the suffering of the individuals experiencing what Sinclair describes is what is most striking about the response to this novel. Perhaps self-interest and lack of investment is the issue at hand. One could argue that the public had little invested in how an immigrant factory worker and his family were treated. Instead, readers had a great deal of interest in how their food was being prepared, as this directly affected them and their families.

It is also difficult to ignore the manner in which Sinclair frames socialism. Sinclair's devoutness to the Socialist Party is clear as he uses it as the mechanism through which Jurgis will have his faith restored. Additionally, Sinclair makes a point to make Jurgis' relationship with the socialist group a key component of the narrative. Sinclair makes socialism the only solution available to the characters.

Contemporary Relevance

COVID-19 has caused a resurgence of interest in the way employees at meatpacking facilities are treated. During the pandemic, workers in meatpacking plants across 23 states have contracted the virus, with racial minorities representing the majority of those infected (Waltenburg, 2020). Advocates for meatpackers have attempted to bring attention to the continued exploitation of meatpacking workers during this time by arguing that the lack of social distancing and protective equipment not only puts workers at risk but also the communities at large (Douglas, 2020b). Additionally, many of the larger meatpacking plants have kept their data private, further jeopardizing the health and well-being of workers and surrounding communities (Douglas, 2020a).

Given the current context, Sinclair's work continues to be relevant and highlights the significant lack of progress we've made as a society in protecting vulnerable populations, specifically those who are immigrants. The political ideology of socialism has also given way to a new idea of democratic socialism, a term synonymous with politicians like Bernie Sanders and Alexandria Ocasio-Cortez. During the COVID-19 global pandemic, democratic socialists have called for more effective relief plans for individuals across the United States, and some argue that taking a democratic socialist approach would be more effective in the United States (Hernandez, 2020).

Unions today could potentially act as a protective measure for immigrants working in the meat packing factories that have been affected by the COVID-19 pandemic. As they currently stand, unions in the United States have the ability to push for legislation that would protect workers from unsafe working environments and exploitation, something which would be more difficult at a smaller scale. Along those lines, the United Food and Commercial Workers International Union made a public statement condemning the way the Trump administration handled the spread of the COVID-19 virus among workers (United Food and Commercial Workers International Union, 2020).

References

- Constitutional Rights Foundation. (2008, Fall). *Upton Sinclair's The Jungle: Muckraking the meat packaging industry*. https://www.crf-usa.org/bill-of-rights-in-action/bria-24-1-b-upton-sinclairs-the-jungle-muckraking-the-meat-packing-industry.html
- Bureau of Public Affairs. (2008, August 20). *The Progressive Movement and U.S. Foreign Policy, 1890-1920s*. Department Of State, The Office of Electronic Information. https://2001-2009.state.gov/r/pa/ho/time/ip/108646.htm
- Douglas, L. (2020a, May 14). As more meatpacking workers fall ill from Covid-19, meat companies decline to disclose data. *Food and Environment Reporting Network*. https://thefern.org/ag_insider/asmore-meatpacking-workers-fall-ill-from-covid-19-meat-companies-decline-to-disclose-data/
- Douglas, L. (2020b, June 9). Ranchers, labor union call for stronger Covid-19 protections for meatpacking workers. *Successful Farming*. https://www.agriculture.com/news/business/ranchers-labor-union-call-for-stronger-covid-19-protections-for-meatpacking-workers
- Hernandez, N. (2020). Democratic socialism is needed now more than ever. *The Bottom Line*. https://thebottomline.as.ucsb.edu/2020/04/the-rise-of-democratic-socialism-amidst-covid-19-pandemic
- Kantor, A. F. (1976). Upton Sinclair and the Pure Food and Drugs Act of 1906: 'I aimed at the public's heart and by accident I hit it in the stomach'. *American Journal of Public Health*, 66(12), 1202–1205. https://doi.org/10.2105/AJPH.66.12.1202
- United Food and Commercial Workers International Union. (2020). America's largest meatpacking union calls on White House for real accountability and action to protect workers on frontlines of COVID-19 pandemic. *United Food and Commercial Workers International Union*. http://www.ufcw.org/press-releases/americas-largest-meatpacking-union-calls-on-white-house-for-real-accountability-and-action-to-protect-workers-on-frontlines-of-covid-19-pandemic/
- Waltenburg, M. A. (2020). Update: COVID-19 among workers in meat and poultry processing facilities United States, April–May 2020. *Morbidity and Mortality Weekly Report*, 69. https://doi.org/10.15585/mmwr.mm6927e2

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