

North Carolina Criminal Law Blog

New Research on Juvenile Interventions and Reoffending

May 28, 2025 [Jacquelyn Greene](#)

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I recently had the opportunity to watch a [webinar](#) <https://youtu.be/1jMjNcSBoOs> on the latest research about how protective factors and strength-based services impact reoffending among justice-involved youth. The webinar focused on the second brief (Impacts on Long-Term Youth Reoffending) from the [Youth Protective Factors Study](#) <https://www.umassmed.edu/lawandpsychiatry/law-and-psychiatry-research/NIJ-Youth-Protective-Factor-Study/> (hereinafter the Study). The Study offers interesting findings related to the way risk and protective factors work (or, spoiler alert, don't work) to reduce reoffending. This research can help practitioners focus limited resources on system responses and interventions most likely to promote public safety.

The Study

The two briefs released in the Study, [**Youth Reoffending: Prevalence and Predictive Risk Factors in Two States**](https://hdl.handle.net/20.500.14038/53784)

[<https://hdl.handle.net/20.500.14038/53784>](https://hdl.handle.net/20.500.14038/53784) (hereinafter Brief 1)[[**1**](#)] and

[**Protective Factors and Strength-Based Services: Impacts on Long-Term Youth Reoffending**](https://hdl.handle.net/20.500.14038/54326) [<https://hdl.handle.net/20.500.14038/54326>](https://hdl.handle.net/20.500.14038/54326)

(hereinafter Brief 2), [[**2**](#)] include analysis of over 32,000 youth with a new juvenile justice system complaint (delinquency or a status offense) over three years. The research on risk factors included youth who had a risk assessment completed and the research on protective factors included youth who completed a protective factors survey designed for the Study. Reoffending was measured by tracking new juvenile petitions and adult charges during the time the youths were under supervision and for an average of 2.5 years after their supervision ended.

Risk Factors that Impacted Recidivism

Risk Assessment was Accurate

Brief 1 offers a summary of study findings related to risk factors. The first key finding relates to the validity of the risk assessments used in the study states. The researchers found that the risk assessment instruments were functioning as intended in that they generally accurately predicted reoffending after the time on supervision ended. Additionally, the majority of youths who were referred to the juvenile justice system were assessed as having low or moderate risk to reoffend.

Risk assessment is in use in North Carolina's juvenile justice system. The [**Youth Assessment and Screening Instrument \(YASI\)**](#)

[<https://www.ncdps.gov/nc-full-assessment-05282020/open>](https://www.ncdps.gov/nc-full-assessment-05282020/open) is administered by juvenile court counselors and the results must be provided to the court with the predisposition report. [**G.S. 7B-2413**](#)

[<https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_7B/GS_7B-2413.pdf>](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_7B/GS_7B-2413.pdf). Findings from the Study reinforce the value of this risk assessment process. As described in Brief 1, focusing juvenile justice system resources on youth who are high risk and therefore more likely to reoffend is a way to maximize the public safety benefits of a juvenile justice system with limited resources.

Risk Factors Most Likely to Predict Reoffending

The Study identified the following risk factors as those that were most likely to predict reoffending for a new offense against a person: past aggressive behaviors, personality and attitudes that condone crime, negative peer influences, familial supervision problems, and school behavioral problems. At the same time, the most common risk factors actually present at the time of the initial risk assessment were substance use and unstructured or poor use of leisure time.

The findings suggest that interventions focused on the most common risk factors, rather than factors most closely tied to reoffending, are not likely to have the most impact on reducing reoffending. Instead, Brief 1 notes that “[r]esearch has shown that services such as cognitive behavioral therapy, family therapy, and skill-building activities can reduce recidivism for higher-risk youth by targeting the risk factors shown by this study to be most strongly associated with serious offending.” Brief 1, p. 4.

Important to Address Substance Use of Younger Youth

While substance use was not one of the risk factors found most likely to predict reoffending among all the youths in the Study, substance use was a predictor of reoffending for youths aged 14 and under. This suggests that addressing substance use among younger justice-involved youth may meaningfully interrupt their patterns of offending.

Protective Factors

Brief 2 provides study findings related to protective factors. The protective factor that rose to the top as most consistently associated with reductions in reoffending was self-control. The Brief acknowledges that there is not a lot of research on what interventions effectively improve self-control among youth. It is noted that there is some evidence that social skills training targeting personal responsibility, conflict resolution, model behavior, and attention training and family-based interventions like Multisystemic Therapy and Parent Management Training can have some impact on increasing youth self-control.

One of the study states had a large enough sample to detect smaller effects. In that state the protective factors of social support from caregivers and prosocial engagements were also found to protect against reoffending.

Just as age had an impact on the impact of substance use as a risk factor, there were age differences related to protective factors. School connectedness was protective against reoffending for youths aged 9 – 12. However, school connectedness was not associated with reduced reoffending among older youth. In the larger state where smaller effects could be detected, prosocial identity and having a sense of purpose showed effects on reducing reoffending for younger youths.

Strength-Based Services Increased Reoffending

Possibly the most surprising finding described in Brief 2 is that youths who received strength-based services were more likely to reoffend. As described in Brief 2, strength-based services “were defined as those targeting the development of competencies, skills, prosocial activities, and other protective factors to foster positive outcomes.” p. 2. Educational supports, vocational training and work placement, structured recreational activities, life skills or social skills classes, and mentoring were among the kinds of services that were categorized as strength-based services.

The Study broke new ground in that participating states tracked the type and length of services that youths received across systems (i.e., juvenile justice, child welfare, education, Medicaid). The researchers were able to analyze youth reoffending in relation to whether they received strength-based services.

The analysis found “[i]n the two states where researchers could measure the influence of strength-based services on recidivism, youth who received any such services (compared to those receiving none) were more likely to reoffend post-supervision, both for any offense and for violent offenses.” Brief 2, p. 5.

The researchers posited several potential reasons for this finding, including the following possibilities.

- There is not much research and no implementation guidance on how to structure strength-based services in a way that reduces reoffending.
- Many strength-based services happen in groups of youths where there may be a contagion effect.
- It may be necessary to address certain risk factors before providing strength-based services (i.e., address aggression and impulsivity before

engaging in a work placement).

It may seem counterintuitive that many types of services that appear on their face to offer positive opportunities for youths are associated with increases in reoffending. The researchers note that more research into implementation of strength-based services is needed to understand “what interventions effectively enhance youth’s priority protective factors and how best to implement them.” Brief 2, p. 6.

Where Does This Leave Us?

While the findings related to strength-based services may be surprising, the briefs reinforce that there is a body of well-researched, evidence-based interventions for reducing juvenile offending. The briefs for this study mention some of them, like Multisystemic Therapy and cognitive behavioral therapy. The Study findings do not call the efficacy of these interventions into question. In fact, they provide further support for them to the extent that they increase youth self-control and social support from caregivers. The Division of Juvenile Justice and Delinquency Prevention supports **Functional Family Therapy** [<https://www.ncdps.gov/our-organization/juvenile-justice/community-programs/non-residential-contractual-services>](https://www.ncdps.gov/our-organization/juvenile-justice/community-programs/non-residential-contractual-services), an evidence-based intervention, in all 100 North Carolina counties.

The findings also offer insight into two things that are important to address for younger youths: substance use and school connectedness. At the same time, the findings suggest that addressing these things is not impactful for reducing reoffending among older youth. These findings offer food for thought about how to narrow the use of interventions on a case-by-case basis to use limited resources in a manner that achieves maximum benefits for public safety.

[1] Vincent, G. M., Skeem, J., & Weber, J. (2024). Youth Reoffending: Prevalence and Predictive Risk Factors in Two States. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Law & Psychiatry Program. <https://doi.org/10.13028/219x-vs03>.

[2] Weber, J., Skeem, J., Jian, L., Pendleton, J., Carew, K., & Vincent, G. M. (2025). *Protective Factors and Strength-Based Services: Impacts on Long-Term Youth Reoffending*. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Law & Psychiatry Program.



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