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Jacqueline A. Bleess

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THE RELATIONSHIP BETWEEN SELF-REPORTS OF DELINQUENT BEHAVIORS AND ADOLESCENTS’ PERCEPTIONS OF PARENTAL CARE AND PROTECTIVENESS

by

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A Thesis
Submitted to the Graduate Faculty
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Master of Arts

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This thesis, submitted by Jacqueline A. Bleess in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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(Chairperson)

This thesis meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

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Dean of the Graduate School

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Title The Relationship Between Self-Reports of Delinquent Behaviors and Adolescents' Perceptions of Parental Care and Protectiveness

Department Counseling Psychology

Degree Master of Arts

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ABSTRACT

The current study examined adolescents’ perceptions, in regards to parent levels of Caring and Overprotection, as correlates of self-reported delinquent behaviors in 135 males and female adolescents. As hypothesized, the results showed correlations between perceived Parental Care and self-reported levels of delinquent behaviors in both males and females. This study has shown that more males than females report participation in delinquent behaviors. As hypothesized, low levels of perceived Parental Care correlated to both male and female adolescents’ self-reports of delinquent behaviors, but overprotection (high overprotection) did not. The strongest predictor of adolescent participation in delinquent activities is the adolescents’ perception of Maternal Care. Maternal Care scores have a significant negative correlation with adolescent participation in delinquent behaviors, regardless of the adolescent’s gender.
CHAPTER I
INTRODUCTION

Juvenile participation in delinquent behaviors is a rising problem in today’s society (Weintraub & Gold, 1991; Baldry & Farrington, 2000). Another rising problem is inefficient or ineffective parental monitoring, which may be contributing to the increase in delinquent behaviors (Mak, 1994; 1996). There have been studies conducted on adolescent delinquent behaviors (Baldry & Farrington, 2000; Clark & Shields, 1997; Coughlin & Vuchinich, 1996; Elliott, Huizinga, & Ageton, 1985), and on parental monitoring (Parker, Tupling, & Brown, 1979), but few studies have been conducted on the relationship between parental monitoring and adolescent delinquent behaviors (Mak 1994; 1996; Weintraub & Gold, 1991). Because of the growing problem of adolescent delinquent behaviors in today’s society, and the small amount of research that has been conducted in this area, there is a need for further research.

In response to this need, the current study investigated the relationship between self-reports of delinquent behavior and adolescent perceptions of parental monitoring and protectiveness. Specifically, this study looked at the relationship between an adolescent’s perception of parental monitoring (care and overprotection) and his/her reports of delinquent behaviors. The present study also examined differences in perceived levels of parental caring and overprotection and its relationship to adolescents’ reports of participation in delinquent behaviors. This study concentrated on the relationship
between delinquent behaviors and parental monitoring (perceived levels of care and overprotection) for possible prevention strategies such as parent/guardian training classes or educational prevention workshops in schools and communities.

Parental monitoring, as defined by Weintraub and Gold (1991) suggested an indirect level of surveillance, stating that parents know the whereabouts of their children, know who they are with, and what they are doing. This means that generally the parents know what the child is doing at most times in the day, but they are not directly there with them watching them (direct surveillance). Baldry and Farrington (2000) defined delinquency to “include a number of types of antisocial behaviors that are prohibited by the criminal law including stealing, burglary, violence, vandalism, fraud, and drug abuse” (Baldry & Farrington, 2000; p. 17). The definition for delinquent behaviors for the current study is adapted from Baldry and Farrington’s version. Delinquent behaviors are defined here as antisocial behaviors that are prohibited by the criminal law including: stealing, violence, vandalism, alcohol or drug abuse, or curfew violation.

The current study also used adapted definitions from the Webster’s New World College Dictionary Third Edition (1996) for care and overprotection. Care is defined by the Webster’s New World College Dictionary Third Edition (1996) as “to feel concern or show interest for; something to watch over or attend to; a liking or regard for” (p. 212). An individual who is caring (care scale definition), is defined here as an individual who watches over and feels concern or interest for someone whom they show regard. Webster’s New World College Dictionary Third Edition (1996) defines overprotection as “to exercise excessive, damaging control over (one’s child etc.) in seeking to shield from hurt, conflict, disappointment, etc.” (p. 965). Overprotection is defined here as exerting
excessive control and/or intrusion upon on child in attempt to shield from hurt, conflict, disappointment etcetera. Parental monitoring is an encompassing category containing both care and overprotection in the form of watching over a child (care – knowing the child’s whereabouts) and being intrusive or exerting control over a child (excessive indirect and direct monitoring of a child’s whereabouts and companions). For the purpose of this study, parental monitoring was measured by the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979). Delinquency was passed by the Australian Self-Reported Delinquency Scale (SRDS; Mak, 1993). The sample consisted of midwestern adolescents aging from 12 to 15 years.

**Literature Review**

In light of the purpose of this study, the following literature review is divided into five sections: perceived versus actual parental attitudes and delinquent behaviors, parental and adolescent gender effects, family composition and age related data, parenting styles, parental characteristics, and dissenting views. The first of these sections, perceived versus actual parental attitudes, examines studies that investigated adolescents’ perceptions versus parents’ perceptions of parental monitoring and delinquent behaviors. This section, reviewed next, assists in displaying the importance of examining adolescents’ perceptions of parental monitoring versus the parents’ perceptions.

**Perceived Versus Actual Parental Attitudes**

It had been suggested that perceived rather than actual parental attitudes and behaviors might be better predictors of delinquent behaviors. Mak (1994) examined perceived parental neglect and overprotection as a correlation to self reported delinquency with 405 male and 387 female Australian secondary students. As
hypothesized, Mak found that participation in delinquent behaviors was significantly associated with lower maternal and paternal care scores and higher maternal and paternal overprotection scores (Mak, 1994). Perceived neglect, rejection, and indifference from either parent seemed to be particularly damaging to both boys and girls. Mak (1994) conducted a regression analysis that included various parental bonding interactions that showed maternal care is the most important predictor of delinquent behaviors and perceptions of low levels of maternal care are correlated with high levels of delinquent behaviors.

Mak's study is closely related to the current study in several ways. Mak (1994) examined male and female adolescent perceptions of parental neglect and overprotection as risk factors for delinquent behaviors. Perceptions of parental neglect is similar to perceptions of parental monitoring in the essence of whether or not the parents know where their children are, who they are with, and what they are doing. If the parents do not know these things, they are neglecting their children.

Similar to the current study, Mak (1994) conducted her study in a school setting, where she had adolescents complete the questionnaires anonymously during class in the absence of their teacher. Mak examined the different effect gender has on perceptions of parental monitoring and self-reported delinquent behaviors. The current study is using both of the measures used in the Mak (1994) study (the PBI and the SRDS) to assess the adolescent's perceptions of parental monitoring and their self-reports of participation in delinquent behaviors.

Mak (1996) investigated perceptions of parental attitudes and behaviors (such as care and overprotection) in association with delinquent behavior. The results for
adolescent males supported the original expectations that delinquents would report their parents as less caring and more protective than non-delinquents. An interaction of perceptions of high care and overprotection from fathers appeared to serve as a protective factor for male participation in delinquent behaviors. The results for females showed that perceptions of paternal and maternal overprotection, plus an interaction between perceived paternal care and overprotection, were significant predictors in delinquency (Mak, 1996).

In reviewing the literature related to adolescent delinquent behaviors and parental supervision, Fischer (1983) reported a reoccurring trend that children who perceived their parents as aware of their activities (indirect supervision) were less likely to have committed delinquent acts than those who perceived their parents as unaware of their activities. Weintraub and Gold (1991) examined adolescent perceptions of parental monitoring on self-reported delinquency and stated that adolescent perceptions of parental monitoring were significantly correlated with delinquent behaviors. Specifically their study supported the idea that the higher perceived level of monitoring is related to lower levels of delinquent behaviors.

Numerous studies over the last thirty years have shown a correlation between parental monitoring and adolescent participation in delinquent behaviors. Poor parental monitoring has been found to be associated with higher rates of substance use, and higher levels of aggression (Griffin et al., 2000). Griffin et al. (2000) investigated adolescents’ reported use of alcohol and/or cigarettes, their engagement in aggressive or delinquent behaviors, and the parent or guardian reported levels of parental monitoring. The authors indicated that more parental monitoring was associated with less participation in
delinquent behaviors overall, as well as less drinking in boys only. The results of their study indicated that eating family dinners together was associated with less aggression overall, as well as less participation in delinquent behaviors in girls and adolescents’ from single parent families.

Avenevoli, Sessa, and Steinberg (1999) examined parental styles, family structure and adolescent development. Their hypothesis was that parents in intact homes would be more authoritative than parents in single-parent homes. One of the scales measuring authoritative parenting was the Firm Control Scale, which assessed parental monitoring and limit setting. Their study indicated that authoritative parenting was significantly related to lower psychological distress, higher self-esteem, and lower levels of delinquent behaviors and substance abuse. These findings were generally true for both intact and single-parent authoritative families. Additionally, the results suggested that neglectful parenting, or lack of parental monitoring, was related to greater adolescent distress, lower self-esteem, and greater participation in delinquent behaviors.

Perceived parental monitoring has previously been shown to effect participation in delinquent behaviors among male and female adolescents (Mak, 1994; 1996; Weintraub & Gold, 1991). Gender effects of perceived parental monitoring has also been supported in affecting adolescent participation in delinquent behaviors. The following section provides support for the importance of examining delinquent behaviors separately between male and female adolescents. It also provides support for examining varying perceptions of parental monitoring regarding the areas of parental care and overprotection.
Fischer (1983) suggested differences in parental supervision and discipline based on the parents’ gender. He also argued that the gender of the adolescent influenced their perception of parental supervision (monitoring) and their report of delinquent behavior. Baldry and Farrington (2000) detailed differences in types of delinquent behaviors based on gender, indicating that males commit more violent delinquent behaviors than females. Their study stated that delinquents differed significantly from non-delinquents in more often being male than female, being older (or in later years of school), being less pro-social, and in having highly punitive and low supportive parents who disagreed with each other. They further stated that there was less of a gender difference in behaviors such as minor theft or shoplifting.

Griffin et al. (2000) indicated that greater parental monitoring was associated with less delinquent behaviors across gender and family structure categories. Parental monitoring was suggested to be most strongly associated with less drinking in boys, so that it served as a stronger protective effect for boys than for girls. The author’s pointed out that gender specific parenting effects shown in their study illustrate the need for further research on how parenting factors differentially protect boys and girls involvement in delinquent behaviors.

In Mak’s previously mentioned 1994 study, she examined the effects of parental neglect and overprotection as risk factors for delinquent behaviors. Her results suggested that for both males and females, participation in delinquent behaviors was significantly associated with lower perceived Maternal and Paternal Care and higher perceived Maternal and Paternal Overprotection Scores, which was consistent with her research.
hypothesis. Mak indicated that males reported a higher level of participation in
delinquent behaviors than females, and males reported perceiving their fathers as less
overprotective than females did.

In a separate study, Mak (1996) found that perceived Parental Care was
significantly lower among male delinquents than among male non-delinquents, but this
did not hold true for females. Adolescent delinquent males reported their parents as less
caring and more overprotective than non-delinquent males, which supported Mak’s
(1996) original hypothesis. The results for adolescent females indicated a significant role
of perceived parental overprotection, which suggests that the female adolescents who
participate in delinquent behaviors tend to feel that their parents have been overly
controlling and intrusive throughout their childhood. Mak’s (1996) study demonstrated
the importance of examining gender differences in perceptions of paternal care and
overprotection, which has been overlooked in much of the previous research.

Other studies have examined only adolescent male delinquent behaviors because
adolescent boys participate in more delinquent behaviors than adolescent girls do.
Coughlin and Vuchinich (1996) studied only the development of male delinquency for
this very reason. Coughlin and Vuchinich (1996) stated that prior research has found
evidence that male children are more vulnerable to negative consequences of changes in
family structure than female children, meaning that changes in the family have been
found to have more adverse effects on males than females. Coughlin and Vuchinich
(1996) found that experience in stepfamilies or single-parent families for adolescent
males, more than doubled the risk of participation in delinquent behaviors which begun
by of before the age of 14, but it did not increase the risk of participation in delinquent
behaviors that began in adolescent males between the ages of 14 and 17. Coughlin and Vuchinich’s (1996) study however addresses changes in a variety of areas besides parental monitoring, which is beyond the scope of the current study.

As illustrated in this section, gender affects play a large role in perceived parental monitoring which in turn affects delinquent behaviors. Studies have illustrated that there are gender effects on types of delinquent behaviors, which supports examining a variety of behaviors to get a representative sample of participation for both males and females engaging in delinquent behaviors. Parental monitoring is broken down into levels of perceived care and levels of perceived overprotection from the individual adolescent, along with the parent’s basic knowledge of where the adolescent is, with whom, and what they are doing. The breakdown is to examine the gender differences that affect participation in delinquent activity.

The next section addresses adolescent participation in delinquent behaviors based on family factors such as divorce, remarriage, or alcoholic structure. Some of the studies examine age affects and participation in delinquent behaviors based on when a divorce or remarriage took place. These studies are important because of the support they provide for levels of participation in delinquent behaviors as contingent on the parental monitoring received based on a variety of family composition factors.

Family Composition and Age-Related Participation in Delinquent Behaviors

A large number of studies have found support for an increase in delinquent behavior based on family composition, such as divorce and remarriage in a family, as well as race/ethnicity factors and the presence of alcoholism in the home. McGaha and Leoni (1995) examined the alcoholic family system and its effects on adolescent
delinquent behaviors. In the alcoholic family system, the parents cannot give the children the love and nurturance needed for proper bonding because the alcoholic is often absent or unavailable and the other parent is usually focused on the alcoholic spouse, therefore neglecting the children’s needs. McGaha and Leoni (1995) found that 97% of their sample scored in the high range of the self-reported delinquency scale. They suggested that a delinquent life-style may be a defense mechanism or coping strategy used to suppress feelings of doubt, shame, and/or fear that often develop in an alcoholic home.

Several studies have been conducted on the family composition in regards to two-parent (biological) families, two-parent-step families, and single-parent families and levels of participation in delinquent behaviors. Griffin et al. (2000) reported factors that are likely to contribute to the higher rates of behavior problems among single-parent families. For example, single parents often have limited financial resources, greater social isolation, and fewer coping resources than the traditional two-parent families do (Griffin et al., 2000). They reported that census data in 1993 indicated that approximately 21% of Caucasian children and 57% of African American children live with only one parent. Griffin et al. (2000) suggested that adolescents from single-parent families are more susceptible to peer pressure and they are more likely to make decisions without consulting a parent. Griffin et al.’s (2000) findings indicated that boys and those adolescents from single-parent homes engaged in higher rates of delinquent behaviors relative to girls and adolescents from two-parent families.

A study examining family and parental predictors on participation in delinquent behaviors found that parent’s marital status was a significant predictor in adolescent participation in delinquent behaviors, indicating that adolescents from divorced homes
report participation in more delinquent behaviors than adolescents from intact homes (Klein, Forehand, Armistead, & Long, 1997). The authors stated that possible alternative parenting variables such as parental monitoring or discipline may have more influence on adolescent delinquent behaviors than the parenting skills assessed in their study. However, their hypothesis that a negative parent-adolescent relationship would emerge as a significant predictor of adolescent delinquent behavior was unsupported.

Avenevoli et al. (1999) found that intact families appear to be more authoritative and less neglectful than single-parent families, which was an expected result. When Avenevoli et al. (1999) compared authoritarian and permissive parenting their findings suggested that parents from intact families were more authoritarian and less permissive than parents from single-parent families. Their findings confirmed that adolescent’s experience different parenting styles in two-parent versus single-parent homes. Avenevoli et al. (1999) postulated that the added demands and stressors of being a single parent may contribute to their decreased capacity to provide sufficient monitoring and structure for their children.

Coughlin and Vuchinich (1996) found that adolescents who are in stepparent families or single-parent families more than double the risk of participation in delinquent behaviors by the age fourteen. This means that individuals who are in a stepparent or single-parent family are more than twice as likely to begin delinquent behaviors by the age of fourteen than their peers who are in a two parent family. Coughlin and Vuchinich (1996) examined aspects of the family experience at age ten as predictors for arrest at age seventeen. This age frame is relevant to the current study because of the ages being examined. The current study is examining ages 12-15 which would be affected by an
increase in adolescent delinquent behaviors starting at age fourteen. It has been found that juvenile crime surges at age fourteen and drops off around age eighteen (Coughlin & Vuchinich, 1996).

The previous section has provided support for assessing adolescent’s family composition due to the higher prevalence of delinquent behaviors found in single-parent families. Family structure is one of the variables examined in Coughlin and Vuchinich’s (1996) study along with perceptions of parental monitoring. The importance of the preceding section is to show that parental composition is a factor in adolescent’s participation in delinquent behavior.

In addition to family composition, different parenting styles have been shown to relate to adolescent participation in delinquent behaviors. Two different articles were found defining different types of parenting styles and both are defined and discussed in the next section. The importance of addressing varying parental styles in delinquent behavior literature is for greater understanding of the cycle of behavior. Some of the following definitions presented for different parenting styles are also used in the current study.

**Parenting Styles**

Parenting styles have primarily been defined in two different manors. The first is the way in which most people are familiar with, which is the authoritative, authoritarian, permissive, and neglectful parenting styles. Avenevoli et al., (1999) provided definitions for the four parenting styles previously listed. According to Avenevoli et al., (1999) high levels of responsiveness and demandingness typically characterize authoritative parenting, and this style of parenting is often associated with the development of
competence in children and adolescents. High levels of parental control are also associated with authoritarian parenting. Authoritarian parenting is known for rigid rules, which often appear very controlling to the adolescent. This perception of high control or overprotection is believed to be a key factor in participation in delinquent activities for adolescents' from authoritarian homes. Permissive parenting was operationalized by Avenevoli et al., (1996), as the opposite of authoritarian parenting, which is a lack of parental control. Neglectful parenting is the inattentiveness to children's needs.

Mak (1994; 1996) defined four types of parenting styles: affectionless control, weak bonding, affectionate constraint, and optimal bonding. Affectionless control parenting style was defined as having perceptions of low care and high overprotection. Weak bonding parenting style was defined as having perceptions of low care and low overprotection. Affectionate constraint parenting style was defined as having perceptions of high care and high overprotection, and optimal bonding parenting style was defined as having perceptions of high care and low overprotection. These four parenting styles are defined by the adolescent's perception of their parent as having any of the aforementioned qualities in varying levels.

Parker et al. (1979) developed the Parental Bonding Instrument (PBI) to assess adolescent's perceptions of parental attitudes and behaviors throughout childhood on two dimensions: Care and Overprotection. These two dimensions have been expanded into four types of parental styles: "affectionless control (low care, high overprotection), weak bonding (low care, low overprotection), affectionate constraint (high care, high overprotection), and optimal bounding (high care, low overprotection)" (Mak, 1996; p.
30). Mak (1994; 1996) used this scale to measure delinquent adolescent’s perceptions of their parental monitoring based on the care and overprotection scales.

Baldry and Farrington (2000) conducted research on parental styles and adolescent’s perceptions of parenting. They stated that parents of delinquents tend to be in conflict, lack warmth, are authoritarian, and use harsh and inconsistent discipline. They investigated personal characteristics and parental styles of bully/delinquents, only bullies, only delinquents, and a control group. Baldry and Farrington (2000) indicated that the bully only group and delinquent only group had different parenting correlates; bullies only had authoritarian parents and they disagreed with their parents, whereas the delinquents only group had conflictual and low supportive parents. Male adolescents who disagree with their fathers, have low supportive parents, and are in a later year of school had significantly higher levels of participation in delinquent behaviors than individuals who do not fit these criteria (Baldry & Farrington, 2000).

Avenevoli et al. (1999) reported that across one and two-parent homes alike, adolescents who perceived their parents’ parenting style as warm and democratic and their parents as individuals who provided limits and structure, engaged in less delinquent behavior than peers. Avenevoli et al. (1999) stated that single-parent families are less likely than married parents to use the warm, firm, and democratic parenting style. The researchers found that two-parent families appeared to be more authoritative and less neglectful than single-parent families, which was expected.

Simons, Whitbeck, Conger and Conger (1991) presented a model, which suggested that adolescents who are subjected to inept parenting practices, such as authoritarianism or minimal explanations, tend to develop a coercive interpersonal style.
The Simons et al.’s (1991) results support their hypothesis, but also indicate that coercive interpersonal styles increase involvement in delinquent behaviors independent of peer influences. However, contrary to their expectation, the authors’ results indicated that inept parenting is not related to association with deviant peers.

The previous section provided sources of studies that have examined differing parental styles and their effects on adolescent delinquent behaviors. Many of the studies mentioned provided other characteristics of family structure that have been previously addressed as associated with higher levels of adolescent delinquent behavior. These studies discussed effects of single parent versus two-parent parenting styles. These factors have provided support for the current study’s hypothesis that varying levels of adolescent perceptions of parental protectiveness have a relationship to levels of adolescent’s participation in delinquent behaviors.

It is important to address parental characteristics because of the related nature to perceptions of parents. Negative perceptions of parents add to negative perceptions of parental monitoring in terms of the levels of care and overprotection. The next section provides studies that have examined varying parental characteristics and their effects on adolescent’s participation in delinquent behaviors.

Parental Characteristics

Perceived parental characteristics have been found to affect adolescent participation in delinquent behaviors. For example, Veneziano and Veneziano (1992) stated that parents of adolescents who participate in delinquent behaviors often differed in terms of acting more punitive, providing more attention and positive consequences following deviant behavior, giving vaguer commands, and being less effective in ceasing
children’s deviant behaviors than parents of adolescents who did not participate in delinquent behaviors. Parents who gave positive attention for delinquent behaviors and/or gave vague commands often gave confusing messages to their children, which could produce an effect on adolescent delinquent behavior in the future.

Families of delinquents have also been distinguished from non-delinquents with respect to communication patterns among family members. Clark and Shields (1997) hypothesized that the adolescents who reported less open and more problem communication with their parents would also report higher and more serious forms of participation in delinquent behaviors. Clark and Shields found that having open communication with either of one’s parents is significantly associated with less serious forms of participation in delinquent behaviors. It was indicated that for adolescents under age 16, there was no significant association between open or problem communication with parents and participation in delinquent behaviors.

Taken together, these studies suggest that parental characteristics may be related to parenting styles in that certain parental characteristics may fit with certain styles of parenting. Different types of communication between parents and adolescents may be related to parenting styles when the adolescents were children. Varying levels of problem communication provide support for participation in delinquent behaviors for adolescents. Dysfunctional parenting styles in earlier childhood may produce a later effect on communication between adolescents and parents, which produces and effect on adolescent participation in delinquent behaviors.

Longitudinal studies could provide clarification and support to parental characteristics and parenting styles that are associated with future participation in
delinquent activities for adolescents. Longitudinal studies are important in determining predictors of adolescent delinquent behavior and finding when a vulnerable age is for adolescents to begin participating in delinquent behaviors. Examining these factors in longitudinal studies is important for the current study because of the selected age of adolescents that were surveyed.

Klein et al. (1997), in a longitudinal study, investigated the effect of maternal parenting skills and inter-parental conflict along with other variables, and their effects on adolescent participation in delinquent behaviors. In 132 Caucasian families, marital status, inter-parental conflict, mother-adolescent relationship, maternal-depressive mood, and maternal communication/problem-solving skills were assessed through self-report measures and behavioral observations. Low levels of maternal communication/problem-solving skills and high maternal depressive mood were associated with higher rates of participation in delinquent behaviors.

Dissenting Views

In reviewing the literature, only one study was found that did not support the current study’s hypotheses (Simons et al., 1991). Specifically, the study found a correlation between parental monitoring and adolescent delinquent behaviors. The relationship between parental monitoring and adolescent delinquent behaviors is still being debated, and it is in light of this debate that the following study and literature review is presented.

Loeber and Stouthamer-Loeber (1986) reviewed ten studies and nine supported that higher amounts of parental monitoring was associated with less participation in delinquent behaviors. The one dissenting study, Simons et al. (1991), stated that
parenting, parental behavior, social skills, value commitments, and problems at school do not have a direct effect upon adolescent delinquent behaviors. Family factors, values, social skills, and problems at school were shown to influence participation in delinquent behaviors indirectly through their impact upon the adolescent’s choice of peers.

The majority of studies in this area support the interaction between levels of parental monitoring and adolescent participation in delinquent behaviors (Griffin et al., 2000, Mak, 1994; 1996; Weintraub & Gold, 1991; Fischer, 1983). This area is still being debated by a few dissenting authors (Simons et al., 1991; Loeber & Stouthamer-Loeber, 1986). These different findings may be attributed to different definitions and measures of parental monitoring and delinquency, different procedures and/or possible confounds to individual studies. The importance of the current study is to add support for the hypothesis that parental monitoring is correlated with participation in juvenile delinquent behaviors and to provide further education and preventative measures for parents/guardians to help prevent their children from participating in delinquent behaviors.

For decades there have been studies conducted on the association of different parenting factors and adolescent participation in delinquent behaviors. Previous studies (Baldry & Farrington, 2000; Klein et al., 1997; Coughlin & Vuchinich, 1996) have supported an association between adolescent's participation in delinquent behaviors and family variables such as parental conflict, SES levels, and martial status. Previously mentioned studies have conducted observational research, self-reported research, and a combination of the two.

Fewer studies (Mak, 1994; 1996) have been more specific and investigated adolescent perceptions of their parental monitoring and found a correlation between
perceived levels of monitoring and over protectiveness on adolescent delinquency. Some of the studies conducted on adolescent delinquency and parental monitoring levels have not supported the association (Simons et al., 1991). Other researchers have suggested that due to the lack of un operationalized definitions of parental monitoring and delinquency this inconsistency will remain. Different measures and different definitions are being used when discussing parental monitoring and delinquency, which contributes to mixed results in this area.

Literature Review Summary

In summarizing the previous literature surrounding adolescent participation in delinquent behaviors, several factors have surfaced. Adolescents’ parental perceptions pertaining to Care and Overprotection have gained support as statistically significant predictors of adolescent participation in delinquent behaviors. Family structure pertaining to the adolescents’ living situation also has surfaced as a variable in adolescent participation in delinquent behaviors, in that adolescents from single-parent homes report higher levels of participation in delinquent behaviors than adolescents from two-parent homes. Lastly, several studies (Farrington, 2000; Mak, 1994; 1996) have demonstrated that male adolescents report higher levels of participation in delinquent behaviors than their same-aged female counter-parts.

Purpose

The purpose of the present study is to investigate the relationship between adolescents’ perceptions of parental monitoring and their own self-reports of participation in delinquent behaviors. The predictor variables for the main hypothesis of this study are gender and the scores on the Care and Overprotection Scale of the Parental Bonding
Instrument (Parker et al., 1979). The primary criterion variable for the study is the scores on the Self-Report Delinquency Scale. Previously mentioned studies (Baldry & Farrington, 2000; Coughlin & Vuchinich, 1996; Griffin et al, 2000; Mak, 1994; 1996) have indicated differences found between gender and participation in delinquent behaviors. These studies finding supports the emphasis the current study places on examining gender differences for the PBI scale scores and how each score correlates with self-reported participation in delinquent behaviors.

Hypotheses

Hypothesis 1 states that the Combined Care Scores (maternal and paternal), as measured by the PBI, will be negatively correlated with levels of participation in delinquent behaviors, as measured by the SRDS, for both male and female adolescents.

Hypothesis 2a states that the Combined (maternal and paternal) Overprotection Scores, as measured by the PBI for female participants, will be positively correlated with levels of participation in delinquent behaviors, as measured by the SRDS.

Hypothesis 2b states that the scores on the Overprotection Scale, as measured by the PBI for males, will have no association with levels of participation in delinquent behaviors, as measured by the SRDS.

Hypothesis 3 states that male adolescents will report participation in delinquent behaviors at a significantly higher rate than females, as measured by the SRDS.

Hypothesis 4a states that gender + the Combined Care Score (maternal + paternal), as measured by the PBI, will be a statistically significant predictor of adolescents’ participation in delinquent behaviors, as measured by the SRDS.
Hypothesis 4b states that gender + the Paternal Care Score, as measured by the PBI, will be a statistically significant predictor of adolescents’ participation in delinquent behaviors, as measured by the SRDS.

Hypothesis 4c states that gender + the Maternal Care Score, as measured by the PBI, will be a statistically significant predictor of adolescents’ participation in delinquent behaviors, as measured by the SRDS.
CHAPTER II

METHODS

Participants

This chapter addresses the participants for the current study and the selection criteria for participation. The measures used are also described in this chapter. Finally, the study’s procedure and data analysis are addressed in this chapter.

The participants for the current study were selected from a midwestern town with a population of about 10,000. The participants were 135 (60 male, 75 female) students, in seventh and eighth grade from a middle school and a junior high school. The participants are aged 12-15, with a mean age of 13.12 with a standard deviation of .70. The average age for females was 12.99, with a standard deviation of .69, and a mean age of 13.25 for males, with a standard deviation of .70. The racial make up of the participants are 80.1% Caucasian (60 males, 75 females), 5.9% Native American (2 males, 6 females), 3.7% Hispanic/Latino(a) (1 male, 4 females), 1.5% Asian American (2 females), and 8.8% other (7 males, 5 females). See Table 1 for further information on demographic variables.

Thirty-five participants were removed from the participant sample based on three criteria. The first criteria, is the use of the Lie Scale factor on the SRDS. There were four items on the SRDS that are desirability questions. The participant must have answered yes that they have participated in the listed behavior in the past 12 months, for at least 3 of the 4 Lie Scale items or the participant was removed from the sample (examples of the
Lie Scale items are failed to keep a promise and told a lie to someone). Twenty-eight participants were excluded from this criterion. The second criterion was that the adolescents were in the seventh or eighth grades. Due to small sample size (four participants), the ninth grade participants were removed from the participant pool for lack of generalizability. The third criterion used for participation exclusion was insufficient data, which was invoked when one of the questionnaires was not completed (SRDS, PBI, or Demographic Questionnaire). Two participants were excluded from this criterion.

Measures

**Parental Bonding Instrument (PBI)**

The PBI is a 25-item scale, which provides measures for perceived Maternal and Paternal Care and Overprotection behaviors throughout the participants' childhood and adolescence. The Care Scale is based on a factor with one pole characterized by affection, emotional warmth, empathy, and closeness, and the other pole is characterized by emotional coldness, indifference, and neglect. Parker (1989) states an internal consistency coefficient alpha of .91 for the Care Scale when completed for the mother, and a coefficient alpha of .93 when completed for the father. The Overprotection Scale was developed from a second factor with one pole defined by control, overprotection, intrusion, excessive infantilisation, and prevention of independent behaviors. The other pole was characterized by the allowance of independence and autonomy. Parker (1989) indicated a coefficient alpha of .88 on the Overprotection scale when completed for the mother, and a coefficient alpha of .87 when completed for the father. The test-retest reliability was found to be .76 for the Care Scale and .63 for the Overprotection Scale over a 3-week period (Parker, 1989).
Table 1

Participant Demographics

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>%</th>
<th>Males</th>
<th>%</th>
<th>Females</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
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<td>100.0</td>
<td>44.4</td>
<td>60</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td>55.6</td>
<td></td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>135</td>
<td>100.0</td>
<td>60</td>
<td>100.0</td>
<td>75</td>
<td>100.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>109</td>
<td>80.1</td>
<td>50</td>
<td>83.3</td>
<td>58</td>
<td>77.3</td>
</tr>
<tr>
<td>Native American</td>
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<td>5.9</td>
<td>2</td>
<td>3.3</td>
<td>6</td>
<td>8.0</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
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<td>3.7</td>
<td>1</td>
<td>1.7</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>Asian American</td>
<td>2</td>
<td>1.5</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>African American</td>
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<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>8.8</td>
<td>7</td>
<td>11.7</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Grade</td>
<td>136</td>
<td>100.0</td>
<td>60</td>
<td>100.0</td>
<td>75</td>
<td>100.0</td>
</tr>
<tr>
<td>7th Grade</td>
<td>85</td>
<td>62.5</td>
<td>34</td>
<td>56.7</td>
<td>50</td>
<td>66.7</td>
</tr>
<tr>
<td>8th Grade</td>
<td>51</td>
<td>37.5</td>
<td>26</td>
<td>43.3</td>
<td>25</td>
<td>33.3</td>
</tr>
<tr>
<td>Age</td>
<td>136</td>
<td>100.0</td>
<td>60</td>
<td>100.0</td>
<td>75</td>
<td>100.0</td>
</tr>
<tr>
<td>Age 12</td>
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<td>18.4</td>
<td>8</td>
<td>13.3</td>
<td>17</td>
<td>22.7</td>
</tr>
<tr>
<td>Age 13</td>
<td>74</td>
<td>54.4</td>
<td>30</td>
<td>50.0</td>
<td>43</td>
<td>57.3</td>
</tr>
<tr>
<td>Age 14</td>
<td>35</td>
<td>25.7</td>
<td>21</td>
<td>35.0</td>
<td>14</td>
<td>18.7</td>
</tr>
<tr>
<td>Age 15</td>
<td>2</td>
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<td>1</td>
<td>1.7</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Child living situation</td>
<td>135</td>
<td>99.3</td>
<td>60</td>
<td>100.0</td>
<td>74</td>
<td>98.7</td>
</tr>
<tr>
<td>Both biological parents</td>
<td>87</td>
<td>64.0</td>
<td>42</td>
<td>70.0</td>
<td>45</td>
<td>60.0</td>
</tr>
<tr>
<td>1 biological parent</td>
<td>28</td>
<td>20.6</td>
<td>12</td>
<td>20.0</td>
<td>16</td>
<td>21.3</td>
</tr>
<tr>
<td>1 biological &amp; 1 stepparent</td>
<td>12</td>
<td>8.8</td>
<td>4</td>
<td>6.7</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>2 adoptive parents</td>
<td>5</td>
<td>3.7</td>
<td>2</td>
<td>3.3</td>
<td>3</td>
<td>4.0</td>
</tr>
<tr>
<td>Other relative</td>
<td>2</td>
<td>1.5</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Foster parents (non-relative)</td>
<td>1</td>
<td>0.7</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Note. Total sample size =136. One participant only reported age and grade on the demographics form.

Studies have shown the Care Scale and Overprotection Scale to have satisfactory internal consistency and they are unlikely to be biased by mood states and personality variables (Parker et al., 1979). Concurrent validity was demonstrated for the PBI in a study conducted by Parker (1989) by comparing the PBI scores with the scores on the Interview Schedule for Social Interaction (ISSI; Henderson, Duncan-Jones, Byrne, & Scott, 1980), a 52-item structured interview, which assesses perceived availability and
adequacy of both attachment and social integration. The PBI Maternal Care Scale was more clearly linked with ISSI ‘availability of attachment’ \( (r = .38) \) and ‘availability of social integration’ \( (r = .41) \). The ISSI ‘availability of social integration’ was negatively associated with maternal \( (r = .35) \) and paternal \( (r = .51) \) Overprotection Scores.

Construct validity for the PBI was demonstrated by Parker (1989), who examined the relevance of alternative explanations or factors that might lessen validity. A North American study of depressed individuals showed a strikingly high test-retest correlation \( (.90 - .96) \) and no change in the mean PBI scores when depressed individuals were first assessed and after improvement of depression. A social desirability effect was examined for the PBI by intercorrelating the PBI and Eysenck Personality Inventory’s ‘lie’ or social desirability scale scores to the PBI scores, but all associations were weak and statistically nonsignificant.

Parker (1989) stated that predictive validity was demonstrated by several studies that have examined the capacity of the PBI to predict outcome, usually as a minor component of a ‘risk to onset’ study. ‘Functional mothering’ as defined by the PBI, predicted better outcomes, meaning fewer depressive symptoms, for untreated neurotic depressed individuals at 20 weeks. Studies have also been conducted on the PBI’s predictive capabilities with schizophrenic individuals. The majority of the studies have suggested a capacity of the PBI scores to predict relapses in schizophrenic individuals.

Low Maternal and Paternal Care Scale Scores reflect participants’ perceptions of parental neglect and rejection. High Care Scores suggest perceived parental warmth and understanding. Low Maternal and Paternal Overprotection Scale scores indicate perceived parental acceptance of participant’s independence and autonomy. High
Overprotection Scores show perceptions of excessive parental control and intrusion. There is not a set cut off score for high or low scores on the PBI. High and low scores are based on the sample norm scores.

Gamsa (1987) modified the PBI (Parker, 1979) because of five questions that contained double negatives. Parker (1983) found that participants had difficulties with these five questions in regards to clarity of the meaning. Parker (1983) removed the five items on the PBI, but found that the measure lost validity. Despite adequate psychometric properties, Gamsa (1987) modified the double negatives in the five items to make the items read in the same manner as the other twenty items and found the scores on the modified version to be comparable to the scores on the original PBI. Gamsa's modified version of the PBI is used in the current study.

Australian Self-Report Delinquency Scale (SRDS)

The Self-Report Delinquency Scale (SRDS) is a 34-item scale used to measure delinquency. The measure consists of nine subscales: Cheat, Status, Fight, Vehicle, Drugs, Theft, Harm, Driving, and Disturb. The scale has an internal consistency reliability of .90 for males, .87 for females, or .88 for combined gender (Mak, 1993). The point-biserial correlation coefficient between self-reported official delinquency status and extent of delinquent involvement was found to be .49 (p < .001) for males and .46 (p < .0001) for females, suggesting that the scale has construct validity (Mak, 1993). Mak (1993) indicated concurrent validity for the measure in the significant difference in scale scores and subscale scores between official delinquents (individuals who have been through the court systems), and nondelinquents (individuals who have engaged in delinquent behaviors, but have not been through the courts procedures).
The 40-item version is used in the current study. The additional six items are comprised of a four-item Lie Scale or social desirability scale consisting of items that most individuals have done in their lifetime (examples: told a lie to someone, done something that your parents did not want you to do, etc.). The four Lie Scale items are numbers 9, 18, 27, and 40 on the SRDS. The remaining two items are items that were used by Mak regarding appearance in juvenile court and being warned by the police, but not charged for a behavior conducted, which are numbers 38 and 39 on the SRDS.

The Australian Self-Report Delinquency Scale was “Americanized” for the purpose of this study. Several of the words were changed to fit with the American way of speaking. Some examples include changing the word tavern and pub to club, bar, or restaurant. Also, a few of the words were changed to accommodate the age range of the study and the participants reading and comprehension levels. The scale used in the current study is referred to as the Self-Report Delinquency Scale (SRDS). See Appendix A for the revised scale.

Demographic Questionnaire Procedure

Participants were asked questions regarding demographic information (age, gender, race, year in school etc.), along with questions pertaining to family structure (one-parent, two-parent, stepparent, other), and questions pertaining to if their parent/guardian knows their whereabouts, who they are with, and when they will return.

Procedure

Informational letters and parental consent forms were sent home with all children in seventh and eighth grade in sealed envelopes. The informational letter stated that the consent form should be returned even if the parent chose for their child not to participate.
The parent was notified of the child’s anonymity in participating in the study, along with the possible risks and benefits of participation. The child whose parents chose not to have him/her participate would be given a separate packet to complete that consisted of crossword puzzles. The surveys and crossword puzzles were completed in a classroom setting, and all students were told that only a certain number of students are needed to participate in the study, and that only some of the students in the class received the study packets, while the other students received a packet of other worksheets (crossword puzzles). Assenting students were asked to complete the questionnaires anonymously in the class. The questionnaires were distributed and collected by the researcher, similar to the procedure in Mak’s (1994) study.

The participants were encouraged to seek clarification when necessary, and it was explained that the participants reserved the right to skip any items on the questionnaires should they so wish, again as conducted in Mak’s (1994) study. The assent form was part of the packet and was handed in to the researcher before the students began the remainder of their packet. These instructions to turn in the assent form to the researcher before beginning the rest of the packet were explained before the packets were handed out and the researcher personally collected each child’s attendance or assent form. A separate sheet of paper (attendance form) was included in the crossword puzzle packet as verification of being present for the study to maintain anonymity as to which students have research packets and which do not. It was explained that participation in the study is completely anonymous and they should not put their names or any other identifying information any where on the questionnaires.
Data Analysis

Data analysis consisted of three Bivariate Correlations, one Independent Samples $t$-test, and three Multiple Regression Equations. The three Bivariate Correlations were used to test hypothesis 1 and 2. The Independent Samples $t$-test was used to test hypothesis 3, and the Three Multiple Regression Equations were used to test hypothesis 4. One regression equation was gender + Combined Care = delinquency, the second regression equation was gender + Paternal Care = delinquency, and the third regression equation was gender + Maternal Care = delinquency.

Hypothesis 1 and 2 were analyzed by a Bivariate Correlation investigating the association between Care Scores on the PBI and delinquency scores on the SRDS. A Bivariate Analysis was conducted to find if there was an association between Overprotection Scores on the PBI and delinquency scores on the SRDS. Hypothesis 3 was analyzed by an Independent Samples $t$-test for differences in participation in delinquent behaviors between adolescent males and females.

Hypothesis 4 was analyzed by a Multiple Regression Equation, which investigated if the Combined Care Score predicted delinquency over and above that of gender alone. An analysis was also conducted to investigate if there was an effect for gender and Paternal and Maternal Care respectively, on amount of participation in delinquent behaviors. A Dummy Coded Regression Equation was conducted to use the gender variable as a continuous variable in the equations.
CHAPTER III

RESULTS

This chapter reviews the results of the previously stated data analysis for the study’s hypotheses. The results are reported for each hypothesis individually. The summary of the means and standard deviations for both instruments, for males and females, respectively, are reported in Table 2 below.

Table 2

Descriptive Statistics of Scales for Gender Differences

<table>
<thead>
<tr>
<th>Scale</th>
<th>N</th>
<th>Range</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquency</td>
<td>136</td>
<td>3-40</td>
<td>9.37</td>
<td>6.19</td>
</tr>
<tr>
<td>Male</td>
<td>60</td>
<td>3-40</td>
<td>10.68</td>
<td>6.52</td>
</tr>
<tr>
<td>Female</td>
<td>75</td>
<td>3-39</td>
<td>8.20</td>
<td>5.66</td>
</tr>
<tr>
<td>Maternal Care (PBI)</td>
<td>134</td>
<td>6-37</td>
<td>27.58</td>
<td>6.19</td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>6-37</td>
<td>27.42</td>
<td>6.66</td>
</tr>
<tr>
<td>Female</td>
<td>74</td>
<td>10-37</td>
<td>27.68</td>
<td>5.87</td>
</tr>
<tr>
<td>Maternal Overprotection (PBI)</td>
<td>134</td>
<td>4-28</td>
<td>13.01</td>
<td>5.32</td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>4-25</td>
<td>12.44</td>
<td>4.60</td>
</tr>
<tr>
<td>Female</td>
<td>74</td>
<td>4-28</td>
<td>13.53</td>
<td>5.82</td>
</tr>
<tr>
<td>Paternal Care (PBI)</td>
<td>128</td>
<td>9-37</td>
<td>24.79</td>
<td>7.07</td>
</tr>
<tr>
<td>Male</td>
<td>56</td>
<td>9-37</td>
<td>24.32</td>
<td>7.37</td>
</tr>
<tr>
<td>Female</td>
<td>71</td>
<td>9-37</td>
<td>25.08</td>
<td>6.88</td>
</tr>
<tr>
<td>Paternal Overprotection (PBI)</td>
<td>128</td>
<td>2-29</td>
<td>11.72</td>
<td>5.60</td>
</tr>
<tr>
<td>Male</td>
<td>56</td>
<td>3-21</td>
<td>10.89</td>
<td>4.82</td>
</tr>
<tr>
<td>Female</td>
<td>71</td>
<td>2-29</td>
<td>12.44</td>
<td>6.10</td>
</tr>
</tbody>
</table>

Note. Delinquency Scale is the Self-Report Delinquency Scale (Mak, 1994). The PBI is the Parental Bonding Instrument (Parker, 1979). Higher scores on the Care Scale means stronger perceptions of parental affection and warmth (care). Higher scores on the Overprotection Scale means a stronger perception of parental intrusion or control (overprotection). Higher scores on the delinquency scale means more participation in delinquent behaviors.
Preliminary Analysis

A preliminary analysis was conducted in order to test if the adolescent’s grade or living accommodations (parents with whom they lived) impacted adolescent participation in delinquent behaviors. Neither grade nor living accommodations had a significant impact on adolescent participation in delinquent behaviors. A One-way ANOVA was conducted to test if the grade the adolescent was in, impacted their participation in delinquent behaviors, $F(2, 116) = .710, p < .50$. The adolescent’s living arrangement, or parenting situation (one parent, both parents, adoptive parents etc.) was analyzed as possible predictor variables for adolescent participation in delinquent behaviors. An Independent Samples $t$-test was conducted to test if adolescent living accommodations impacted their participation in delinquent behaviors $t(2, 134) = -1.35, p < .20$. The mean and standard deviation for adolescents in grade 7 was 8.82 and 5.71, respectively. The mean and standard deviation for adolescents in grade 8 was 10.29 and 6.89, respectively.

Hypothesis 1 states that the Combined Care Scores (maternal and paternal), as measured by the PBI, will be negatively correlated with levels of participation in delinquent behaviors, as measured by the SRDS. Table 3 shows the Pearson Correlations among parental bonding (both Care and Overprotection Scales) and total delinquency scores for male and female adolescents. For both genders, delinquency had a significant negative correlation with the Combined (maternal + paternal) Care Scores. When Care Scores are separated, both Maternal and Paternal Care Scores respectively, have significant negative associations with adolescent’s participation in delinquent behaviors as illustrated in Table 3. Table 3 further illustrates moderate levels of association among the scales. These results support hypothesis 1 of this study.
Table 3

Pearson Correlations Between Delinquency and Parental Care and Overprotection Scores

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delinquency</th>
<th>Maternal Care</th>
<th>Maternal O-protect</th>
<th>Paternal Care</th>
<th>Paternal O-protect</th>
<th>Combined Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Care</td>
<td>-0.31**</td>
<td>-0.25*</td>
<td>-0.40**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>-0.25*</td>
<td>-0.40**</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>-0.40**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal O-protect</td>
<td>-0.03</td>
<td>-0.40**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>-0.46**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>-0.10</td>
<td>-0.30*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Care</td>
<td>-0.22**</td>
<td>0.74**</td>
<td>-0.31**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>-0.09</td>
<td>0.68**</td>
<td>-0.37**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>0.81**</td>
<td>-0.20</td>
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</tr>
<tr>
<td>Paternal O-protect</td>
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<td>-0.20*</td>
<td>0.56**</td>
<td>-0.29**</td>
<td></td>
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<tr>
<td>Female</td>
<td>-0.02</td>
<td>-0.19</td>
<td>0.56**</td>
<td>-0.33**</td>
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</tr>
<tr>
<td>Male</td>
<td>0.00</td>
<td>-0.21</td>
<td>0.54**</td>
<td>-0.24</td>
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<td></td>
</tr>
<tr>
<td>Combined Care</td>
<td>-0.28**</td>
<td>0.92**</td>
<td>0.37**</td>
<td>0.94**</td>
<td>-0.26**</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>-0.17</td>
<td>0.91**</td>
<td>0.45**</td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>-0.42**</td>
<td>0.95**</td>
<td>-0.24</td>
<td>0.96**</td>
<td>-0.24</td>
<td></td>
</tr>
<tr>
<td>Combined O-protect</td>
<td>-0.06</td>
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<td>0.88**</td>
<td>-0.34**</td>
<td>0.89**</td>
<td>-0.36**</td>
</tr>
<tr>
<td>Female</td>
<td>-0.03</td>
<td>-0.39**</td>
<td>0.88**</td>
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Note. Delinquency Scale is the Self-Report Delinquency Scale (Mak, 1994). The PBI is the Parental Bonding Instrument (Parker, 1979). Combined score is maternal + paternal scores. *P < .05 (2-tailed), **P < .01 (2-tailed). O-protect is the Overprotection Scale scores.

Hypothesis 2a states that the scores on the Combined Overprotection Scale, as measured by the PBI for adolescent females, will positively correlate with levels of participation in delinquent behaviors, as measured by the SRDS. Table 3 shows the Pearson Correlations for both male and female adolescents for levels of parental bonding (both Caring and Overprotection Scales) and total delinquency scores. Delinquency did not significantly correlate with the Combined (maternal + paternal) Overprotection Scores for adolescent females. When Overprotection Scores are separated, neither
maternal nor paternal scores, had a significant association with adolescent’s participation in delinquent behaviors. These results do not support hypothesis 2a of this study.

Hypothesis 2b states that the scores on the Overprotection Scale, as measured by the PBI for males, will have no association with levels of participation in delinquent behaviors, as measured by the SRDS. Table 3 shows the Pearson Correlations for both male and female adolescents for levels of parental bonding (both Caring and Overprotection Scales) and total delinquency scores for adolescent males. Delinquency had no correlation with the Combined (maternal + paternal) Overprotection Scores. When Overprotection Scores are separated, neither maternal nor paternal scores have a significant association with male adolescent’s participation in delinquent behaviors. These results support hypothesis 2b of this study.

Hypothesis 3 states that male adolescents will report participation in delinquent behaviors at a significantly higher rate than females, as measured by the SRDS. An Independent Samples t-test was conducted on gender differences in reports of delinquent behaviors. Adolescent males reported significantly higher levels of participation in delinquent behaviors than same aged female adolescents, \( t(2, 133) = -2.39, p < .02 \) (see Table 2 for means and standard deviations). These results support hypothesis 3 of this study.

Hypothesis 4a states that the variables of gender and Combined Care Scores (maternal + paternal care), as measured by the PBI, will be a statistically significant predictor of adolescents’ participation in delinquent behaviors, as measured by the SRDS. A Dummy Coded Multiple Regression Analysis was conducted to predict the delinquency level from gender and Combined Care. The results of this analysis were that
gender and Combined Care accounted for a significant amount of the delinquency variability, $R^2 = .12$, $F(2,153) = 10.34$, $p < .001$, indicating that gender and Combined Care predict adolescents participation in delinquent behaviors. 

A secondary analysis was conducted to evaluate whether the Combined Care Scale predicted delinquency over and above gender. The Combined Care Scale accounted for a significant proportion of the delinquency variance after controlling for the effects of gender, $R^2$ change = .08, $F(1,151) = 14.09$, $p < .001$. See Table 4, Analysis 1. These results support hypothesis 4a of this study.

Table 4

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Note *$p < .05$, **$p < .01$, ***$p < .001$.

Hypothesis 4b states that the variables of gender and Paternal Care Scores, as measured by the PBI, will be a statistically significant predictor of adolescents’ participation in delinquent behaviors, as measured by the SRDS. A Dummy Coded Multiple Regression Analysis was conducted to predict the delinquency level from gender and Paternal Care. The results of this analysis indicated that gender and Paternal
Care accounted for a significant amount of the delinquency variability, $R^2 = .10$, $F(2, 152) = 7.98$, $p < .001$, indicating that gender and Paternal Care predict adolescents participation in delinquent behaviors.

A secondary analysis was conducted to evaluate whether the Paternal Care Scale predicted delinquency over and above gender. The Paternal Care Scale accounted for a significant proportion of the delinquency variance after controlling for the effects of gender, $R^2$ change = .06, $F(1, 152) = 9.28$, $p = .003$. See Table 4, Analysis 2. These results support hypothesis 4b of this study.

Hypothesis 4c states that the variables of gender and Maternal Care Scores, as measured by the PBI, will be a statistically significant predictor of adolescents' participation in delinquent behaviors, as measured by the SRDS. A Dummy Coded Multiple Regression Analysis was conducted to predict the delinquency level from gender and Maternal Care. The results of this analysis indicated that gender and Maternal Care accounted for a significant amount of the delinquency variability, $R^2 = .14$, $F(2, 160) = 13.349$, $p < .001$, indicating that gender and Maternal Care effect adolescents participation in delinquent behaviors.

A secondary analysis was conducted to evaluate whether the Maternal Care Scale predicted delinquency over and above gender. The Maternal Care Scale accounted for a significant proportion of the delinquency variance after controlling for the effects of gender, $R^2$ change = .10, $F(1, 60) = 18.71$, $p < .001$. See Table 4, Analysis 3. These results support hypothesis 4c of this study.
CHAPTER IV
DISCUSSION AND CONCLUSION

This chapter discusses the results and implications of the stated hypothesis, particularly in relation to the literature previously reviewed. This chapter also addresses the limitations of this study, the study’s implications, and future research possibilities related to parental bonding and adolescent participation in delinquent behaviors.

Previous research has shown the PBI to be useful for assessing levels of perceived parental care and overprotection, which has been found in several studies to be correlated to adolescent participation in delinquent behaviors (Mak, 1994; 1996). The present study focused on the relation perceived parental care and overprotection had with adolescents’ participation in delinquent behaviors, as was also the focus of Mak’s (1994) study. The current study obtained Bivariate Associations which, proved support that Combined Care Scores (maternal + paternal care) have a significant negative correlation with adolescent participation in delinquent behaviors, which supports hypothesis 1.

Given the intercorrelations of the perceived parental care variable, a Multiple Regression Analysis of participation in delinquent behaviors was also conducted for this variable. The findings suggest that adolescent’s perception of inadequate Maternal Care is a factor in participation in delinquent behaviors. Levels of perceived Paternal Care, to a lesser extent, also predicted participation in delinquent activities for adolescents.
Hypothesis 1 states that the Combined Care Scores will be negatively correlated with levels of participation in delinquent behaviors. The significant negative association between Combined Care and participation in delinquent behaviors suggests that when an adolescent perceives their parents as caring, they participate less in delinquent behaviors. Perceptions of Combined Parental Care are significantly associated with participation in delinquent behaviors. This study’s findings support the statement that when an adolescent perceives his/her parent as uncaring, he/she participates in more delinquent activities than same aged peers who perceive their parents as caring. Combined Parental Care has been found to negatively correlate with participation in delinquent behaviors in previous literature (Mak, 1994; 1996).

Hypothesis 2a states that scores on the Overprotection Scale for females will positively correlate with levels of participation in delinquent behaviors. Overprotection Scores on the PBI were found to have less impact on adolescents’ participation in delinquent behaviors than originally hypothesized. It was hypothesized that females who perceived their parents as overprotective would have higher rates of participation in delinquent activities due to “rebellious behaviors”. This hypothesis was not supported by the current study. Whether the Overprotection Scores were combined (maternal + paternal) or separated by parent gender, there is no support that Overprotection Scores predict participation in delinquent behaviors for adolescent females.

There are several possible reasons that this hypothesis was not supported. One reason could be because of participant error and misunderstanding when completing the questionnaires. Another possible reason for the findings could be due to the delinquency scale, and the skewed questions for behaviors more commonly acted upon by males.
However, the most parsimonious explanation for the non-significant finding is that female adolescents participate in delinquent activities for reasons other than rebellion against Overprotective parents.

The results of the current study are in contradiction to Mak (1996) who found that perceived Paternal Overprotection played a significant role in adolescent females' participation in delinquent activities. Mak (1996) provides support for why the current study investigated the association between parental overprotection and female adolescent participation in delinquent behaviors. One possible explanation for the difference in findings is the differences found in the two communities under investigation.

Hypothesis 2b states that the scores on the Overprotection Scale for males will have no association with participation in delinquent behaviors. Overprotection Scores did not significantly associate with participation in delinquent behaviors. These findings do not support hypothesis 2b of no association, nor do the findings refute the hypothesis. What the findings indicate is that there is neither a positive nor negative association between perceived Parental Overprotection and participation in delinquent behaviors for male adolescents. One possible explanation for these results is the Western Cultures' norm for rearing males, which tends to provide them with more opportunities for autonomy and independence.

The correlation of Maternal Overprotection and adolescent delinquency was -.03 (.07 for females and -.10 for males), which was not statistically significant. The correlation of Paternal Overprotection and adolescent delinquency was -.05 (-.02 for females and .00 for males), which was not statistically significant. Mak (1994) found a significant correlation of .14, which was significant at the .01 level for perceived
Maternal Overprotection and a correlation of .09, which was significant at the .05 level for perceived Paternal Overprotection, as predictors for participation in delinquent behaviors for male adolescents. The contradiction of these two studies may be due in part to the differences in the communities sampled and/or the smaller sample size in the current study. More research on adolescent perceptions of parental overprotection and participation in delinquent behaviors could provide validation of the current studies findings of no statistically significant correlation.

Hypothesis 3 states that male adolescents will report participation in delinquent behaviors at a significantly higher rate than females. An Independent Samples $t$-test was conducted for males and females on the delinquency scale. As hypothesized, males participated in higher numbers of delinquent activities than their same-aged female counter-parts. This gender analysis has been researched in numerous studies, with the majority finding the same results of male adolescents' having higher levels of participation in delinquent behaviors than same-aged females. (Baldry & Farrington, 2000; Mak, 1994; 1996). One possible explanation for these findings is the delinquency scale used to assess the adolescents is laden with behaviors that are more commonly participated in by male adolescents. Future research into the different types of delinquent behaviors that male and female adolescents participate in may explain the large difference found in adolescent delinquency rates.

Hypothesis 4 tested if the variables of gender and parental care scores (Combined Care, Paternal Care, and Maternal Care each separately) would be a statistically significant predictor of adolescents' participation in delinquent behaviors. All three hypotheses were significantly supported, with Maternal Care being the highest predictor
of participation in delinquent behaviors (correlation of -.31, \( p < .01 \)) for adolescents after controlling for adolescent gender, with a correlation of -.25 for females, significant at the .05 level and a correlation of -.40 for males, significant at the .01 level. Combined Care had a significant negative correlation with participation in delinquent behaviors.

When looking more specifically into adolescents' participation in delinquent behaviors, gender is an important factor, as addressed by hypothesis 3. When separating Combined Care Scores for each gender, Care Scores had a significant relationship as a predictor for adolescents' participation in delinquent activities. This association supports that the Combined Care Scale accounted for a significant proportion of the delinquency variance after controlling for the effects of gender. The Combined Care Score had a statistically significant correlation of -.28, significant at the .01 level, with correlations of -.17 for female adolescents, and correlations of -.42 for male adolescents, significant at the .01 level. Mak (1994) found that perceived Paternal and Maternal Care, separately, were both predictors of adolescent participation delinquent behaviors regardless of the gender of the adolescent, which supports the findings of the current study.

Adolescents' perception of their parents, in regards to feeling cared for has gained additional support in its association with participation in delinquent behaviors. Parental care is a predictor of adolescents' participation in delinquent behaviors above and beyond gender as a separate predictor as addressed by hypothesis 3.

The importance of this finding is that is the impact that perceived Parental Care has on adolescent's participation in delinquent behaviors, particularly for adolescent males. As Table 3 illustrates, Maternal Care has a correlation of -.40 with participation in delinquent behaviors for male adolescents, which is significant at the .01 level. Paternal
Care has a correlation of -.41 for male adolescents participation in delinquent behaviors, which is significant at the .01 level. Paternal Care was not a statistically significant predictor for female adolescents participation in delinquent behaviors, with a correlation of -.09.

Parental Care has been found to be the strongest predictor for overall adolescent participation in delinquent behaviors, but even more specifically, for male adolescents alone. One possible explanation for this result may also stem from the Western Cultures' norms for raising males and how males may be treated when growing up. Feelings may be validated less because "big boys don't cry" or they may be nurtured less to avoid having a "girly boy" or a "momma's boy". Delinquent males have stronger perceptions of inadequate Parental Care, which is becoming evident in the higher numbers of male adolescent participation in delinquent behaviors.

Implications for Practice/Training

The hypotheses tested in this study provide additional evidence in the area of adolescent participation in delinquent behaviors. This evidence can be added to the delinquency research that is currently available to increase the information available about the importance of perceived parental care (especially maternal care) in the development of adolescents and their participation in delinquent behaviors. This research information provides support for the importance of adolescent perceptions of Combined Parental Care, and Maternal Care alone, which can be used in parent training classes and prevention workshops for parents/guardians. An example might be addressing nurturing behaviors with parents, such as validating feelings and attending behaviors towards the child/adolescent. The nurturing behaviors could revolve around injuries the
child/adolescent may obtain, or other hurt/scared feelings revolving around a variety of subjects. The attending behaviors could be taught around areas of attention seeking behaviors, such as giving the child/adolescent positive attention when they have done something good or want to show you something they have accomplished, versus negative attention or focusing on the child/adolescent’s negative behaviors, such as fighting with siblings or not completing chores.

A difficulty parents may have is that they may feel that they are caring and/or appear caring by an outside observer, but may not be perceived as caring by their adolescent. Increased research has provided support that it is the adolescents’ perception of their parents, in regards to feeling cared for and about, which predicts participation in delinquent behaviors. Different ways that parents and guardians can show care (particularly at different developmental stages) may be useful in training classes to decrease adolescent participation in delinquent activities. Parent training classes can be geared for parents of children at different developmental stages so that the parent is behaving in ways the child can perceive as caring throughout their developmental stages. Hugs, smiles, and kind/light/happy voices, may be most beneficial in displaying caring behaviors for younger children and verbal praise and positive attending behaviors may display parental care at a later developmental stage.

The implication of the current study is that perceived Parental Care effects adolescents’ participation in delinquent behaviors. It is important to keep in mind that it is the perception of the adolescent regarding Parental Care that predicts participation in delinquent behaviors. The adolescent may “act out” or participate in the delinquent behaviors based on their feelings of being unwanted or not cared for, which is why the
adolescents' personal perception of their parents is a strong deciding factor in whether they participate in delinquent behaviors, regardless of the adolescents gender.

Mak (1994; 1996) has also looked at adolescent’s perceptions of parental monitoring and its effects on delinquent behaviors. She has found in a sample of Australian adolescents that if the adolescent perceived lower levels of Parental Care, they were more likely to engage in delinquent behaviors than if they perceived higher levels of Parental Care, regardless of the parents actual levels of care as reported by the parent or an outside observer. The same importance of perceptions of parental care was also found in the current study. The less perceived care correlates to more participation in delinquent behaviors for both male and female adolescents.

Adolescents’ perception of Parental Care, specifically Maternal Care, is a significant predictor of participation in delinquent activities. This information is particularly useful for parenting classes and working with adolescent behavior groups. The notion of misbehavior due to rebellion may have less merit given the present findings of Parental Care being a stronger predictor of participation in delinquent behavior than perceptions of Parental Overprotection. This information can also be used in how adolescents who participate in delinquent behaviors are worked with. Less emphasis can be placed on “rebellious behavior” and more emphasis can be placed on “attention seeking behaviors”, which is often common in homes where children and adolescents feel they are not wanted or cared about.

“Rebellious behaviors” and “attention seeking behaviors” may look similar, but may be derived from different factors. “Rebellious behaviors” may be a result of adolescent’s feelings of being overly restricted or intruded upon (feelings of
overprotection). The adolescent may or may not be cognitively aware of these feelings in relation to their participation in delinquent behaviors. Similarly, “attention seeking behaviors” may be a result of adolescent’s not receiving the nurturance and attending behaviors to feel cared for. As a result the adolescent again may or may not be cognitively aware of the relation between the lack of perceived care and their participation in delinquent behaviors. The adolescent may be aware that the delinquent behaviors are a way to receive attention, or they may not be cognitively aware of the reasons behind their behaviors. Due to the different cognitive nature of the acting out behaviors, how each child/parent combination is worked with will depend on the driving factor of the participation in delinquent behaviors. If the adolescent feels uncared for, then the parents would benefit from parent training classes dealing with attending and nurturing behaviors. If the adolescent feels that parent is overly controlling and overly intrusive, then the parent would benefit from parent training psycho-education classes dealing with developmental control (how much control an individual should have for themselves at different stages in life) and boundary setting.

Since Maternal Care has the largest predictability in adolescents’ participation in delinquent behaviors, this information can be particularly helpful for Mental Health Practitioners (Therapists, Counselors, Social Workers, Psychologists etc.) who are working with families where a mother or maternal figure is not present or is unable to care for her children (due to a mental illness, drug or alcohol addiction etc). The Mental Health Practitioners may work with the father or male caregiver on nurturing and attending behaviors, which appear to be encompassed in “caring behaviors”. Without a female caregiver present, the nurturance and attending behaviors from the father or male
caregiver become even more important for two reasons. The first reason is that there is only one caregiver nurturing and attending to the child so more is always better. The second reason stems from the nature of the current study’s results. Since Maternal Care has the highest predictability for adolescent participation in delinquent behaviors, if there is not female caregiver present, then the adolescent will perceive no Maternal Care, which is a high risk for participation in delinquent behaviors. Paternal Care is also a predictor for adolescent participation in delinquent behaviors. For single-fathers or primary male caregivers, strong perceived parental care is important as a deterrent for adolescent participation in delinquent behaviors. Fathers’ attending behaviors and nurturance is particularly important when they are the primary or only caregiver.

This information is also beneficial for working with two parent families who are struggling with their child or adolescent who participates in delinquent behaviors. A Mental Health Practitioner who is working with this family would also be able to work with both parents in terms of the behaviors they are participating in regarding the rearing of their children. Both parents may benefit from psycho-educational classes teaching attending skills to positive behaviors and nurturing behaviors appropriate for children/adolescents at different developmental stages.

Specific parent training classes pertaining to female caregivers and male caregivers may be created to emphasize the importance of the parents’ behaviors regarding caring (nurturing and attending) behaviors. Additional emphasis may be placed on the female caregiver training and how the child may perceive her actions. It is important to note that in the European, Western culture, the mother is often the primary care giver, which could contribute to these findings and in essence effects the psycho-
educational work conducted around this area. More research on adolescent participation in delinquent behaviors in populations where the male is the primary caregiver or in instances of single-parent families with either a mother or a father as the sole parent could add significant insight into this newly developing question.

The information previously presented has most utility for parent training groups, adolescent behavior groups, and individual Mental Health Practitioners who are working with the families who have adolescents who are participating in delinquent behaviors. Future research on effectiveness of the practical application of this information is needed since little information in this area is currently known.

Limitations

There are several limitations to the current study. Some limitations pertain to the population regarding how it was selected and who participated. Other limitations are in regards to the measures, which were all self-report questionnaires. Another limitation is found due to the understanding or lack there of, of the questionnaires due to the age group that was sampled.

As noted, one of the primary limitations to the current study is that the sample will not be generalizable to other populations because it was collected from one midwestern town. Future research on this area would be beneficial if the sample was collected from several areas around the country, coming from both rural and urban areas. The sample size is further limited by lack of diversity. The Midwestern town’s population is largely comprised of Caucasian individuals; therefore, the sample population is also largely Caucasian, making generalizations to individuals of other races invalid.
A second limitation of the study was a confound introduced from the parents who chose for their children not to participate in the study, or from the adolescent’s who chose not to participate. The adolescents who did not participate may have had different parental perceptions than the adolescents who did participate, and they may participate in more delinquent behaviors than peers who choose to participate.

A third limitation of the study may be due to participants minimizing their delinquent behaviors so as not to be seen as “bad” by the researcher. A Lie Scale was used as part of the SRDS and adolescents were filtered out based on their scores on the Lie Scale as a means to try to correct for some of the minimizing behaviors.

A fourth limitation of the study is that the data is based solely on one set of responses. There is no verification from the parents or guardians on the level of monitoring or verification of participation in delinquent behaviors. The data collected is solely based on the adolescents’ perceptions of their parents’ behaviors in regards to care and overprotection and perceptions of their own behaviors in regards to participation in delinquent behaviors. This information may be biased due to the last interaction the adolescent had with either parent (particularly if the interaction was negative and occurred within close proximity to the time the questionnaires were answered).

A fifth limitation is the adolescent’s ability to understand and answer the questions completely. Adolescents were encouraged to seek clarification if they had questions to attempt to address this concern. Many adolescents skipped questions or marked two answers in one spot and left the next line open, appearing to have possibly just lost their spacing, but the data set was then incomplete and less valid. If the question had two answers on one line, neither answer was entered, making the questionnaire less
valid. The questionnaires with missing data (some open items) were included in the data sample unless removed based on the three exclusion criteria. A small number of questionnaires were discarded due to two answers on each line where only was to be selected, making the usable sample size smaller.

A six limitation is the questions on the SRDS, which may have been unevenly laden with more delinquent activities that are more often completed by males than females, thus skewing delinquency results for both genders. The use of a second delinquency questionnaire may have addressed this concern. More research on the use and validity of the delinquency scales for use with both male and female adolescents is needed to address this limitation.

Future Research

There are several aspects of this research that could benefit from additional research. The additional research could add support to this studies findings and previous literature findings. The additional research could also be effectiveness studies on the previously mentioned practical implications.

Future research on the notion of “attention seeking behaviors” versus “rebellious behaviors” would be beneficial in the approach mental health professionals address the issue of participation in delinquent behaviors. “Attention seeking behaviors” seemed to be explained by the lack of perceived parental caring. The adolescent perceives that their parents do not care and they “act out” as a way of obtaining attention either positive or negative. “Rebellious behaviors” appear to have more of a correlation to perceptions of parental overprotection. It would appear that the behaviors found common among individuals who participate in delinquent behaviors would be similar to the behavior
items on the SRDS, since “attention seeking behaviors” are associated with perceptions of parental care and the Care Scale was correlated with the SRDS. The current study has not found support for the association between perceptions of parental overprotection and adolescent participation in delinquent behaviors. Due to these findings, more research needs to be conducted on “attention seeking behaviors” given a lack of perceived parental care. Future research may also be conducted on perceived Parental Overprotection and its association (or lack there of) to participation in delinquent behaviors for adolescents. The current research in this area is mixed (Mak, 1996; 1994; Simons et al., 1991, Weintraub and Gold, 1991), and further research would be beneficial to support or negate the association of perceptions of Parental Overprotection and adolescent participation in delinquent behaviors.

More research on the association between gender differences, particularly in regards to gender differences of both the parent and the adolescent, and the adolescent’s perceptions and behaviors is also warranted. Maternal Care has the largest support for prediction of adolescent participation in delinquent behaviors. Paternal Care was also found to significantly predict participation in delinquent activities for adolescent. Previous research (Mak, 1994) has found an association between perceptions of overprotection and participation in delinquent behaviors. Future research on these variables will provide support for the currently mixed findings. Another area that could benefit from more research is the gender/perception combination, and which parent gender and child gender, along with the child’s perception of the parent as caring or overprotective, has the most weight for prediction of participation in delinquent behaviors for adolescents.
More research into single parent homes in regards to if there is a difference between adolescent perceptions of parental Care and Overprotection and levels of adolescent participation in delinquent behaviors for single-fathers or single-mothers compared against one another, and then compared against two-parent homes. This research may provide numerous practical implications for parent training classes and for Mental Health Workers who work with single parent and two-parent families with adolescents who participate in delinquent behaviors. Part of this proposed study could look at differences between living with both biological parents versus one biological parent and one stepparent, living with only one parent, or a different relative. The adolescent’s caregivers/guardians play a role in their Care and Overprotection perceptions, which effects their participation in delinquent behaviors. Also looking into the gender of which parent the adolescent lives with in a single-parent home may be beneficial. When preliminary analyses were conducted, to look at the variables of participation in delinquent behaviors based on the living accommodations/situations (whom the adolescent lived with), for the adolescent, no significant relationships were found. More in-depth research into this area would be beneficial research for the adolescents’ delinquency literature.

Another area of research could look at different perceptions of the parents in regards to Care and Overprotection and different perceptions of the adolescent in regards to participation in delinquent behaviors. The parent (s) could both rate themselves on the on a parenting scale that measures both Care and Overprotection and the parent could rate their adolescent on a scale that measures adolescent participation in delinquent behaviors. An outside rater that knows the family (other relative, therapist that has been working
with the family for a period of time etcetera) could also rate the parent(s) on the same scale the parent used for levels of Care and Overprotection and the outside rater could also rate the adolescent on the same scale the parent(s) used for levels of participation in delinquent behaviors. The adolescent then would also rate his/her parent(s) on their levels of Care and Overprotection and themselves on levels of participation in delinquent behaviors. How these three different ratings correlate could offer more insight into this area of research, bringing with it several practical implications.

Conclusions

This study’s results are consistent with the previous finding that parental neglect (or the adolescent’s perception of low Parental Care) is associated with participation in delinquent activities (Mak 1994; 1996). This study provides added support to Mak’s findings that Parental Care, specifically Maternal Care, is a significant predictor of adolescent participation in delinquent behaviors. Furthermore, when the gender of the adolescent is known, along with his/her perception of Parental Care, a stronger prediction of that adolescent’s participation in delinquent behaviors can be made.

The current study did not find support for the predictability of participation in delinquent activities being associated with adolescent perceptions of Parental Overprotection. The implications that this finding suggests is that adolescents participation in delinquent behaviors may be due more to “attention seeking behaviors” for Parental Care, then “rebellious behaviors” occurring against Overprotective parents, in contrast to Mak’s 1994 findings. Due to the mixed findings additional research is needed.
The current study also provides additional support for previous findings regarding higher levels of participation in delinquent activities for male adolescents (Baldry & Farrington, 2000; Mak, 1994; 1996, Coughlin & Vuchinich, 1996). Baldry and Farrington (2000) and Mak, (1994; 1996) used both male and females in their studies to investigate the differences between the levels of participation in delinquent behaviors based on gender. Coughlin and Vuchinich (1996) only used male participants, based on the reasoning and finding in previous literature that male adolescents' participate in more delinquent activities than their same aged female peers.

Perceptions of Parental Care and Overprotection are gaining increased support for their predictability in adolescent's participation in delinquent behaviors. This increased support provides information that can be used in the construction of parent training classes, and the information can be used in how adolescent behaviors groups are run and what information is addressed in the group (such as personal thoughts and feelings into why they participate in delinquent behaviors and what they hope to receive from their participation in delinquent behaviors). Knowledge gained in regards to familial structural characteristics that effect adolescent participation in delinquent activities is useful for practitioners that work with families with adolescents who participate in delinquent behaviors. Increased research continues to provide support that the more information known about the family and the adolescents' perception of their parents particularly in regards to feelings of parental care, have an association to adolescent participation in delinquent behaviors that can be addressed through the family structure by a Mental Health Practitioner.
APPENDICES
APPENDIX A

SELF-REPORTED DELINQUENCY SCALE REVISED

Have you, in the past 12 months (Please circle Y – yes or N – no)

1. Driven an unregistered car?       Y  N
2. Driven a car or motorized bike on the road without a driver’s license or learners permit?  Y  N
3. Driven a car or a bike when drunk or under the influence of alcohol (any amount)?  Y  N
4. Raced with other vehicles while driving a car or motorized bike on the road?  Y  N
5. Taken and driven a car or a motorized bike that belonged to someone else without the owner’s consent?  Y  N
6. Stolen things or parts out of a car or a motorized bike?  Y  N
7. Stolen a bicycle or parts from a bicycle?  Y  N
8. Gone to see an R rated film in a theater?  Y  N
9. Failed to keep a promise?  Y  N
10. Bought beer, wine, or other kinds of alcohol?  Y  N
11. Drunk alcohol in a public place, like a club, bar, or restaurant?  Y  N
12. Got onto a bus or into a movie theater, public pool etc, without paying the proper fee?  Y  N
13. Not attended classes or skipped school?  Y  N
14. Run away from home (at least overnight)?  Y  N
15. Shoplifted from supermarkets, department stores, or shops?  Y  N
16. Stolen money of less than $10 (at one time) from stores, school, locker rooms, or home?  Y  N
17. Stolen money of $10 or more at one time?  Y  N
18. Been late for school, a meeting, an appointment etc.?  Y  N
19. Broken into a house or a building with the intention of stealing something, like money, exam papers, or other things?  Y  N
20. Stolen food, drinks, or other goods from vending machines, like by tilting or banging the machines, or using the “wrong” coins?  Y  N
21. Received free video games from coin-operated machines (not including reward of good performance from the machine in the form of bonus games)?  Y  N
22. Purposely messed up other people’s property, like turning on water hoses in people’s gardens/yards, letting off firecrackers in mailboxes, burning trash bins etc.?  Y  N
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>23.</td>
<td>Purposely damaged property by starting a fire?</td>
</tr>
<tr>
<td>24.</td>
<td>Purposely damaged things in public places, like telephone booths, street signs, streetlights etc.?</td>
</tr>
<tr>
<td>25.</td>
<td>Purposely damaged school desks, windows, or other school property, like by kicking holes in the wall?</td>
</tr>
<tr>
<td>26.</td>
<td>Put graffiti on walls, toilet doors, bus stops, or other public places?</td>
</tr>
<tr>
<td>27.</td>
<td>Done something that your parents did not want you to do?</td>
</tr>
<tr>
<td>28.</td>
<td>Taken part in a fistfight in which a group of people was against another group?</td>
</tr>
<tr>
<td>29.</td>
<td>Purposely hurt or beaten up someone?</td>
</tr>
<tr>
<td>30.</td>
<td>Used a weapon of some sort, like a knife, stick, chains, or bottle in a fight?</td>
</tr>
<tr>
<td>31.</td>
<td>Used or threatened to use force to get money or things from another person?</td>
</tr>
<tr>
<td>32.</td>
<td>Used marijuana (also called grass, dope, or weed)?</td>
</tr>
<tr>
<td>33.</td>
<td>Used LSD (also called acid)?</td>
</tr>
<tr>
<td>34.</td>
<td>Abused barbiturates (also called barbs) by not properly following medical advice?</td>
</tr>
<tr>
<td>35.</td>
<td>Forced someone to do sexual things with you when that person did not want to?</td>
</tr>
<tr>
<td>36.</td>
<td>Tricked someone on the telephone, like false restaurant orders/bookings, giving false reports of fire alarm, bomb threats etc.?</td>
</tr>
<tr>
<td>37.</td>
<td>Made abusive phone calls, like saying nasty or obscene things?</td>
</tr>
<tr>
<td>38.</td>
<td>Been warned by the police (without being charged) for something that you did?</td>
</tr>
<tr>
<td>39.</td>
<td>Appeared in juvenile court for something that you did?</td>
</tr>
<tr>
<td>40.</td>
<td>Told a lie to someone?</td>
</tr>
</tbody>
</table>
APPENDIX B-1

PARENTAL BONDING INSTRUMENT
(MOTHER/FEMALE GUARDIAN)

This questionnaire lists various attitudes and behaviors of parents. As you remember your mother/female guardian in your first 16 years, place an X in the most appropriate space next to each question.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Very Like</th>
<th>Moderately Like</th>
<th>Moderately Unlike</th>
<th>Very Unlike</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Speaks to me with a warm and friendly voice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Helps me as much as I need</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Lets me do those things I like doing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Seeks emotionally cold to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Appears to understand my problems and worries</td>
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<td>6.</td>
<td>Is affectionate to me</td>
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<td>7.</td>
<td>Likes me to make my own decisions</td>
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<td>8.</td>
<td>Wants me to grow up</td>
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<td>9.</td>
<td>Tries to control everything I do</td>
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<tr>
<td>10.</td>
<td>Invades my privacy</td>
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<tr>
<td>11.</td>
<td>Enjoys talking things over with me</td>
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<td>12.</td>
<td>Frequently smiles at me</td>
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<td>Tends to baby me</td>
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<td>Seems to understand what I need or want</td>
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<tr>
<td>15.</td>
<td>Lets me decided things for myself</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>16.</td>
<td>Makes me feel I am not wanted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Can make me feel better when I am upset</td>
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<td>18.</td>
<td>Talks to me often</td>
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<tr>
<td>19.</td>
<td>Tries to make me dependent on her</td>
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<td>20.</td>
<td>Feels I cannot look after myself unless she is around</td>
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<tr>
<td>21.</td>
<td>Gives me as much freedom as I want</td>
<td></td>
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<td>22.</td>
<td>Lets me go out as often as I want</td>
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<td>23.</td>
<td>Is overprotective of me</td>
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<td>24.</td>
<td>Praises me</td>
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<td>25.</td>
<td>Lets me dress in any way I please</td>
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</tbody>
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APPENDIX B-2

PARENTAL BONDING INSTRUMENT  
(FATHER/MALE GUARDIAN)

This questionnaire lists various attitudes and behaviors of parents. As you remember your father/male guardian in your first 16 years' place an X in the most appropriate space next to each question.

<table>
<thead>
<tr>
<th></th>
<th>Very Like</th>
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</tbody>
</table>
APPENDIX C

DEMOGRAPHIC/MONITORING QUESTIONNAIRE

Demographics Questionnaire

Female _____ Male _____ Age: 12 13 14 15 16 Year in School: 7 8 9

1. Race: Please place a checkmark by the race you most closely identify with.

Caucasian _______ African American _______ Native American _______

Asian American _______ Latino/Hispanic ________ Other _______________

2. Guardian/Parent: Please place a checkmark by the family situation that most resembles your home life.

Living with both biological parents _______ Living with one biological parent _____________

Living with other relative _______ Living with foster parents (non-relative) ______

Living with one biological parent and one step-parent ______

Living with two adoptive parents ______

3. Home life: Please circle the following response, as it most resembles your home life.

3a. How many days a week does your parents know where you are after school?

1 day 2 days 3 days 4 days 5 days

3b. When you go out with friends, how often do your parents know who you are with?

Always (everyday) Frequently (5 out of 7 days) Occasionally (3 out of 7 days) Seldom (1 out of 7 days) Never (0 out of 7 days)

3c. When you go out with your friends, how often do your parents know when you will return home?

Always (everyday) Frequently (5 out of 7 days) Occasionally (3 out of 7 days) Seldom (1 out of 7 days) Never (0 out of 7 days)
APPENDIX D

INFORMED ASSENT

Jacqueline Bleess, a graduate student in the Counseling Psychology Department, along with Dr. Kara B. Wettersten, an assistant professor at the University of North Dakota have requested my participation in a research study. I have been informed that the purpose of this study is to learn more about family structure and adolescent participation in various activities.

My participation will involve completing three self-report questionnaires, which will look at my relationship with my parents, and a variety of behaviors I may or may not participate in, along with a few questions about my background (age, grade, gender etc). I understand that my participation in this study will require about 45 minutes of my time.

I understand that the risks of participating in this study are minimal. I understand that the school counselor will be available to me if I have any concerns that have come to my attention after participating in this study. I understand that my participation is voluntary and that I may withdraw from the study at any time without any negative consequences. I understand that my confidentiality will be protected because the surveys are anonymous.

I understand that the possible benefit of my participation in this study is contributing to research that may result in peoples’ greater understanding of family structures and their effects on adolescent behaviors. I also understand that I will benefit by having the opportunity to participate in a research study.

I understand that my participation in this study is completely anonymous and no identifying information will be attached to my responses. I understand that the results of this study will only be data from the entire group, not individuals, and my name or my identity will not be known. The informed assent forms and questionnaires will be stored in a locked cabinet for no more than three years, than destroyed. I understand that the assent form, which I sign, will be stored in a separate locked cabinet away from the questionnaires that I answer. I understand that my participation in this study or decision not to participate will have no impact on my relationship with the University of North Dakota.

I understand that my parents/guardians have been contacted regarding my participation in this study and have given their informed consent. I understand that I have
the right to refuse participation without any bad/negative effects, such as verbal reprimand or embarrassment.

I have been informed that any questions I have concerning the research study or my participation will be answered by Jacqueline Bleess at 777-9026, or Dr. Kara Wettersten at 777-3743. If I have any other questions I can contact the University of North Dakota Institutional Review Board at (701) 777-4278.

I have read the above information, and my questions about this research have been answered to my satisfaction. I agree to participate in the study described above. I understand that I can withdraw from the study at any time without penalty. A copy of this form was given to me to keep for my records.

X
Participant's Signature

Name (please print) Date
APPENDIX E

INFORMED CONSENT

Your child in the seventh, eighth, or ninth grade is being invited to participate in a research study that examines the relationship between family structures and adolescent behaviors. The study is being conducted by Jacqueline Bleess, a graduate student in the Counseling Department, under the supervision of Dr. Kara B. Wettersten, an Assistant Professor in the Counseling Department at the University of North Dakota. Should you choose for your child to not participate, there will be no adverse effects for your child with the University of North Dakota if he/she would decide to attend at a later date. The following information is provided for you to decide whether you wish for your child to participate in the study.

Enclosed in this packet is the informed assent that your child will receive before participating in the study. It describes what exactly the child would be doing (answering three self-report questionnaires, where one is about the child's perception of family structures, another is about the child’s report of their own behavior in various activities such as lying, stealing, or cheating, and the third questionnaire is a demographic questionnaire containing questions on age, gender, race, grade etc.), it describes the possible benefits for participating, and it lists numbers you or your child may contact if you have any questions regarding the study. Also enclosed are a few sample questions from each of the questionnaires your child would be filling out (should he or she participate). These sample questions cover the range of possible questions, and come straight from the questionnaires.

Your child’s responses would be completely anonymous, and there would be no identifying information on any of the questionnaires. A code number will be given to each packet of questionnaires for identification purposes. As required by law, information that is provided by your child will be maintained in a locked cabinet for three years and then shredded and destroyed. Your child’s participation in the study is voluntary, and he or she is given the option of declining participation without any negative consequences before the study begins, or once it is in progress. Due to the personal nature of the questionnaires, the school counselor will be notified in advance of the current study and be prepared to assist any child who has concerns. The children will be notified before participation in the study and again after participation that if they have any concerns they may see the school counselor. This is only a precautionary measure to ensure comfort and safety for all participants and should not be needed by most students.
would like more information pertaining to this study before or after it is complete, please feel free to contact Jacqueline Bleess at (701) 777-9026, or Dr. Kara B. Wettersten at (701) 777-3743. If you have any other questions you can contact the University of North Dakota Institutional Review Board at (701) 777-4278. Thank you for your time.

If you agree to your child’s participation in this research, please read the statement below, then write and sign your name on the appropriate blanks. Please keep one copy for your records, and return a signed copy to the researcher in the enclosed, self-addressed, stamped envelope.

**********

I have read the above information, and my questions about this research have been answered to my satisfaction.

_____ I consent to my child’s participation in the study described above. I understand that my child and I can withdraw consent for participating in the study at any time without penalty.

_____ I do not consent to my child’s participation in the study described above.

X

Signature __________________________ Name (Please Print) ____________ Date ____________ (print student’s name)
APPENDIX F

INFORMATION LETTER

Dear parents/guardians:

Hello. My name is Jacqueline Bleess, and I am a graduate student in the Counseling Department at the University of North Dakota. This letter is in regards to a research opportunity for your child to participate in at school pertaining to family structures and adolescent behaviors. The purpose of the study is to examine if there is a relationship between adolescent’s behaviors and the family structures that they live in. The study consists of the child filling out three questionnaires. One questionnaire pertains to the child’s own personal behaviors (including his/her involvement in delinquent activities). Some examples of the questions from the questionnaire are: Not attended classes or skipped school (Y/N), Stolen money of $10 or more at one time (Y/N), Purposely hurt or beat someone up (Y/N), or driven an unregistered car (Y/N).

The second questionnaire pertains to the child’s perceptions of his or her parents regarding the family structure. Some examples of the questions from the questionnaire are: Speaks to me in a warm and friendly voice (very like, moderately like, moderately unlike, very unlike), Invades my privacy (very like, moderately like, moderately unlike, very unlike), Lets me dress the way I please (very like, moderately like, moderately unlike, very unlike), or makes me feel I am unwanted (very like, moderately like, moderately unlike, very unlike). The child would select one of the four answers as he/she sees fits their parent for example circling “very like” for speaks to me in a warm and friendly voice if the child sees that statement as “very like” their parent.

The third questionnaire is a demographic questionnaire which assesses the child’s age, gender, year in school, race, and family situation in which they live i.e. with both biological parents, with a biological mother and stepfather, with a biological father only, with foster parents (non-relative) etc.

Your child’s information will be completely anonymous. No identifying information, such as names or ID numbers will be on any of the questionnaires. Each packet of questionnaires will be numbered 1-200 for identification purposes. Your consent form and the child’s assent form will be maintained in a locked cabinet separate from the questionnaires for no longer than three years, thereafter the documents will be shredded and disposed. The questionnaires will also be maintained in a separate locked cabinet for no more than three years thereafter the questionnaires will be shredded and disposed. Due to the anonymous nature, the questionnaires are looked at as a group as a
whole and no individual information is known about any individual child, therefore no “results” for any given child will be found.

Your child’s participation in this study is greatly appreciated in that it will further the research information available and pertainable to children for future school programs and prevention workshops. Please print your child’s name on the allotted line on the Consent form and indicate whether or not you choose for your child to participate in this study. Please sign the Consent Form and return it in the enclosed self-addressed, stamped envelope. Thank you for your time and consideration.

Sincerely,

Jacqueline A. Bleess
Primary Researcher
Enclosure
REFERENCES


