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**A study of elementary school children at risk for truancy:  
exploring gender differences, services offered, and other factors  
related to truancy**

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A STUDY OF ELEMENTARY SCHOOL CHILDREN AT RISK FOR TRUANCY:  
EXPLORING GENDER DIFFERENCES,  
SERVICES OFFERED,  
AND OTHER FACTORS RELATED TO TRUANCY

A Thesis

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in

The School of Social Work

by  
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## ABSTRACT

This cross sectional, exploratory study examined the characteristics of elementary school children at risk for truancy. Furthermore, the study explored if there were any significant gender differences in the number of children referred to the TASC program. The current study also sought to answer if there were any gender differences in common problem areas reported to have an impact on truancy. Finally, any differences between children identified as low risk and high risk were also investigated. This study used secondary data analysis. Elementary school children ( $N = 23,459$ ), grades Kindergarten through 4<sup>th</sup> grade who participated in the TASC program of Louisiana from the years 2002 to 2007, were included in the study. The Risk Indicator Survey I and the Global Assessment tool were used as a means of identifying the common problem areas that are affecting children in the TASC program. The results of the study revealed that there were no significant differences quantity of males and females referred to the TASC program. No significant differences were observed between males and females in regards to each category of risk factors or characteristics listed on the Risk Indicator Survey I. Furthermore, the study illustrated that there were no significant difference between males and females in the type of problem area that is affecting their truancy. However, a considerable number of children were reported to have behavioral problems and educational issues affecting their truancy. Significant gender differences were found between children identified as low risk versus high risk in the TASC program. Also, children's characteristics were significantly related to the risk status. School social workers can positively impact truancy by identifying students at risk for truancy and linking at risk children with appropriate interventions.

## **CHAPTER 1: STATEMENT OF THE PROBLEM**

Over the past decade or so, there has been a dramatic increase in the rate of truancy cases throughout the United States (Heilbrunn, 2004). The rate of truancy was increasing so rapidly that the Office of Juvenile Justice and Delinquency Prevention (OJJDP) named truancy as a top national priority in their 2004 annual report (Heilbrunn). The Colorado Foundation for Families and Children (CFFC; Gonzales, Richards, & Seeley, 2002) explained that there are many negative consequences due to truancy such as lower lifetime earnings, adult criminality, poor outcomes for offspring, family dysfunction, and unemployment.

According to the data collected by the National Center for Juvenile Justice (NCJJ; Puzzanchera, Stahl, Finnegan, Tierney, & Snyder, 2003), there was a dramatic increase in delinquency cases from 1990 to 1999. In fact, the rate of truancy increased by 58% between the years 1985 and 1998 (Gonzales et al., 2002). The juvenile court statistics collected by the NCJJ also described the number of status offenses reported to the juvenile courts such as running away, truancy, un-governability, and underage liquor law violations. They reported that more than half of the truancy cases referred by the police were for children under the age of 15. According to the court statistics, males accounted for 54% of the petitioned truancy cases between 1990 and 1999 and females accounted for 46%. Of those petitioned truancy cases, 71% were accounted by Whites and 25% were accounted by Blacks.

The statistics showed that in some metropolitan areas, absentee rates had reached as high as 30% (DeKalb, 1999). For example, DeKalb reported that out of 1 million students in New York City schools, about 150,000 students are absent daily from school. The Los Angeles Unified School District reported that more than 5% of their students are absent from school



without legitimate excuses (DeKalb). In Philadelphia, truancy rates have reached 20,000 students per day (CFFC).

Even though data on local truancy rates are available, accurate truancy rates in the United States are difficult to obtain because there are so many inconsistencies in the way truancy is tracked and reported by schools (Henry, 2007). Tracking truancy rates is important because it helps in determining the risk factors related to truancy. It is also important to point out that little or no national attendance or truancy data are available for elementary school age children. The majority of the literature related to truancy focuses on middle school and high school children.

Research shows that attendance in schools has been the best predictor of school outcomes (Gonzales et al., 2002). Additionally, nonattendance in school is one of the earliest signs of negative school and life outcomes (Gonzales et al.). For example, Roby (2004) studied student attendance and student achievement. Particularly, Roby wanted to know if there was a positive relationship between student achievement and student attendance. A total of 3,171 schools were used in the study, and the sample consisted of fourth, sixth, ninth, and twelfth graders. Student achievement was determined by the score on the Ohio Proficiency Tests. The researcher found that for all grades observed, attendance was positively related to student achievement. The strongest positive relationship occurred for the ninth graders ( $r = 0.78, p < .01$ ). The researcher concluded that student attendance is significantly related to student achievement.

### **Schools in Louisiana**

According to the 2005-2006 Louisiana State Education Progress Report (LAEPR; Louisiana Department of Education, 2007), student enrollment had decreased considerably compared to the previous school year. This decrease may have been due to Hurricanes Katrina and Rita, which directly affected several school districts in Louisiana. For the school year 2005-

2006, the LAEPR stated that 653,786 students enrolled in the public school system, a 10% decrease compared to the previous year (Louisiana Department of Education). The report indicated that the Orleans Parish school district had a higher drop in enrollment than any other parish.

The Louisiana public school system student body (Pre-Kindergarten [PK] to 12<sup>th</sup> grade) consists of two major ethnic groups: White students (51.5%) and Black students (44.3%; Louisiana Department of Education, 2007). The other 4.2% of the student body consists of Asians (1.3%), Hispanics (2.1%), and American Indians (0.8%). Additionally, 48.9% of the student body is female and 51.1% is male (Louisiana Department of Education).

The 2005-2006 LAEPR also stated that the statewide attendance rate for PK through 12<sup>th</sup> grade was 93.7% (Louisiana Department of Education, 2007). In other words, 6.3% of the students are absent from school every day. This also means that every day, an average of 27 students are absent from each school. The attendance rate for elementary school children was 95.0% in the 2005-2006 school year compared to 95.1% in the 2004-2005 school year (Louisiana Department of Education, 2006).

Through the years, Louisiana has been ranked one of the highest in the rate of student dropout. In the school year 2004-2005, Louisiana was ranked second highest in student dropouts (Louisiana Department of Education, 2006). In the school year 2005-2006, Louisiana was ranked fifth in student dropouts (Louisiana Department of Education, 2007). Even though the overall dropout rate in Louisiana has decreased since 2001, a large proportion of the students continue to drop out (7.0%).

In response to the high absentee and dropout rates, the Office of Social Service Research and Development (OSSRD) at Louisiana State University and the Louisiana State Legislature

implemented Truancy Assessment and Service Centers (TASC). The centers were developed to identify elementary school children who are at risk for truancy and to provide early intervention (OSSRD, 2004).

### **Importance of the Study**

Although several studies have looked at various causes and effective interventions of truancy, few have actually explored gender differences of service needs among truants. Studies have shown that boys and girls tend to differ in characteristics and behavior at school (Petrides, Chamorro-Premuzic, Frederickson, & Furnham, 2005). For example, Weden and Zabin (2005) conducted a study in which gender and ethnic differences of adolescent behaviors were explored. Their study found that more males than females participated in risk taking behaviors such as truancy (Weden & Zabin). The study also found that in general, males were twice as likely to participate in risk taking behaviors than females. Another study by Langsford, Douglas, and Houghton (1998) explored gender differences in risk taking behaviors. The study found that females were more likely to report health related risk taking behaviors (alcohol use, body altering techniques, cigarette use, illegal drug use, and sniffing substances) than males (Langsford et al.). The study also revealed that males were more likely to participate in educational (truancy and expulsion) and social (aggression and stealing) risk taking behaviors than females (Langsford et al.).

Therefore, gender specific interventions would seem the most effective when dealing with school behaviors and problems. Identifying interventions that are gender appropriate may be more directive than interventions that are not gender specific. In addition to exploring gender differences in risk taking behaviors, studies that explore what types of services children need or seek during an intervention can be helpful in determining and identifying which services are

more common to a specific gender. This can also help improve services and target specific interventions to a specific gender.

### **Purpose of the Study and Research Questions**

The purpose of this exploratory study was to examine the characteristics of elementary school children who are at risk for truancy and referred to the TASC program. The study also sought to explore any significant gender differences in children referred to the TASC program and gender differences in services needs reported by truants and families. The current study seeks to answer the following research questions, presented along with their perspective hypothesis:

1. Are there any significant gender differences in children referred to the TASC program? Specifically, are there any differences in risk factors?

H1: Based on the juvenile court statistics collected by the NCJJ that there is no major difference between females and males in relation to truancy cases, no significant gender differences in children referred to the TASC program will be found.

2. What are some of the gender differences in service needs?

H2: I also expect to find that girls are more likely report the need of family and social support services than boys, particularly those related to child abuse and neglect and lack of appropriate child care.

3. What are the most common problem areas that are affecting children in the TASC program?

H3: The most common areas that are affecting children in the TASC program are behavioral problems, family relationships, and financial difficulties of the family.

4. Are there any gender differences between children identified as low risk (Function I) and children who are identified as high risk (Function II) children?

H4: There are more females identified as low risk (Function I) and more males identified as high risk (Function II).

## **CHAPTER 2: LITERATURE REVIEW**

This research paper highlights the conceptual difficulties, causes, and risk factors associated with truancy. The differences and similarities between truancy and school refusal behavior are also discussed in this paper. The importance of early intervention and the effectiveness of working with younger children are also presented. The literature review concludes with a summary of previous research findings.

### **Conceptual Difficulties**

One of the biggest problems faced by school officials, researchers, and others who are trying to prevent and reduce school truancy is defining the term, because there are no consistent definitions of truancy (Reid, 2005). Even states and jurisdictions define truancy differently (Lindstadt, 2005). For example, states such as Delaware and California consider those who are absent from school for more than 3 days without a valid excuse as truants (Lindstadt). Whereas in Texas, students who have more than three unexcused absences within a month are considered truants (Lindstadt).

Similarly, the CFFC (2002) defined truants as children between the ages of 7 and 16 who skipped school for more than 4 days within a month without a satisfactory excuse. The CFFC also stated that children who missed more than 10 days of school without an excused absence are also considered truants. They further stated that individual schools determine what constitutes a satisfactory excuse for missing school.

Teasley (2004) stated that absenteeism and truancy are distinct from each other. Truancy is defined as unexcused absences from school. Absenteeism is defined as simply not attending school, with or without an excuse. The main distinction between truancy and absenteeism is that truant children usually skip school to spend time away from home, and their parents are not

aware that their children are not in school (Teasley). However, absenteeism may be caused by a multitude of problems. For example, students may have to take care of younger siblings, do not have transportation to get to school, or may have to work to support family. These children usually spend their time at home when they are absent from school, and their parents have knowledge of their absence from school (Teasley).

In a review, Reid (2005) distinguished truancy and school attendance as two different terms. According to Reid there are six types of school absenteeism. These include specific lesson absence, post-registration absence, parentally condoned absence, psychological absence, school refusal, and school phobia. Reid explained that because there are many types of school absenteeism, most researchers provide situation specific definitions of truancy. In the review, truancy was specifically defined as nonattendance without parental knowledge (Reid).

In an attempt to bring definitional consensus, Kearney (2003) provided several suggestions. Stemming from universal agreement that truancy is associated with problematic school absenteeism. First Kearney suggested differentiating nonproblematic absenteeism from problematic absenteeism. Nonproblematic absenteeism was identified as legitimate absences, in which both parents and school officials agreed upon. Problematic absenteeism refers to children who are absent for more than 50% of the time in a 2-week period (Kearney). Secondly, Kearney suggested that the use of common terminology between researchers and other professionals can further build consensus. When consensus is attained, readers will be less likely to misinterpret studies and their findings (Kearney).

### **Causes of Truancy**

Truancy is a multifaceted and multi-causal problem. Identifying causal factors of truancy is vital in developing preventive methods and interventions (Lehr, Sinclair, & Christenson, 2004;

Reid, 2005). Recent research suggests that even though the main causes of truancy vary from study to study, a combination of home, school, and individual factors may be involved (Reid). Research also states that the causes of truancy and nonattendance can vary depending on the methodology used (Reid). This literature review will discuss the three main causal factors of truancy that have been identified in the literature. These factors include individual factors, institutional factors, and family backgrounds and community factors (Lindstadt, 2005; McCluskey, Bynum, & Patchin, 2004; Reid & Kendall, 1982; Ventura & Miller, 2005).

### Individual Factors

Individual or personal characteristics can have an impact on whether or not an individual attends school. Petrides, Chamorro-Premuzic, Ferderickson, and Furnham (2005) collected data from 901 11<sup>th</sup> graders from a number of secondary schools under the Buckinghamshire County Council Educational Authority (UK) to determine the psychosocial influences on scholastic behavior and achievement in school. The authors categorized students according to personality traits: psychoticism, extraversion, and neuroticism. The results of the study showed that children who have high verbal ability, low psychoticism (i.e., they are altruistic, conformist, empathic, and socialized), and low extraversion (i.e., they are quiet and restrained) tend to have better attendance in schools than others. Also, those children who were excluded from school due to serious breaches or discipline were more likely to have below average verbal ability scores and above average psychoticism scores (aggression, hostility). Interestingly, there was no relationship between verbal ability or the three personality traits and the number of unauthorized absences for truants (Petrides et al., 2005). Furthermore, neuroticism (high or low) did not have a significant impact on academic performance and was not a strong predictor of attendance (Petrides et al.).



These findings were similar to two other studies in which children's aggressive behavior was used to predict educational outcomes (Kupersmidt & Coie, 1990; Risi, Gerhardstein, & Kistner, 2003). Risi et al. found that children who were perceived as aggressive in elementary school were less likely to graduate from high school. The authors explained that since aggression is a relatively stable behavior, those who display aggressive behaviors in elementary school will continue to display these behaviors later on and are more likely to be expelled from school than others. Kupersmidt and Coie also found that aggressive and rejected children are at substantial risk for subsequent problems of maladjustment such as truancy and school withdrawal.

Similarly, Cairns, Cairns, and Neckerman (1989) studied participants ( $N=475$ ) from three different middle schools located in three different communities. The participants were followed for 5 years (starting in the seventh grade). The purpose of the study was to examine any behavioral, cognitive, and demographic factors that might be associated with early school dropout. School dropout was determined by tracking individuals to the schools they attended during the period of the study and if they dropped out, they were tracked to their place of employment or residence. At the beginning of the study, the authors collected various participant characteristics data. These included school nominations for aggressive behavior, teacher rating on peer aggression, peer popularity, academic competence, social relations and social networks, socioeconomic status, maturational status, and chronological age. Cairns et al. stated that the group of students who are most likely to drop out later could reliably be identified at the beginning of the study. They stated that children with high levels of aggressive behavior and low levels of academic performance were the ones who were most likely to drop out of school. Out of the group of boys that were in this category, 80% dropped out of school before completing

grade eleven. Of the girls who were nominated as having aggressive behaviors and low levels of academic performance in the seventh grade, 47% dropped out of school.

Children's attitudes about school have also been identified in the literature as a causal factor of truancy. In a review, Reid (2005) discovered that truants and nonattendees tend to prefer fewer and different subjects (compared to other students who like a variety of subjects), underachieve or perform badly in a range of school subjects, disagree or have negative attitudes towards school rules and regulations, fail to do their homework, have fewer friends in school, have lower long term career aspirations, and tend to suffer from psychosomatic illnesses.

From a Truancy Evaluation Center survey, Berger (2000) found that the majority of the students skipped school because they missed their school bus. Also, some of the children who were picked up for skipping school were actually not in school because they were suspended from school. About 30% of the truants picked up by the police stated that they skipped school because they disliked it. Jenkins (1995) reported a similar finding among middle school students in which the author examined the relationship between school commitment and delinquency. Low levels of school commitment were associated with school delinquency and were an important predictor of school crime, school misconduct, and school nonattendance (Jenkins). The findings suggest that students who are involved in delinquency may not necessarily be committed to delinquent goals but lack commitment to educational goals. Another important finding of the study is that school delinquency such as nonattendance is explained more by students' commitment to school than by personal background characteristics, family involvement in schooling, or ability grouping.

Henry (2007) presented the prevalence of self-reported recent truancy among the 8<sup>th</sup> and 10<sup>th</sup> grade students who participated in the Monitoring the Future national survey in 2003. The

author explored associations between recent truant behavior, demographic characteristics, other school related risk factors, and drug use among adolescents. The study revealed that for both 8<sup>th</sup> and 10<sup>th</sup> graders, there was a lower probability of truancy if they participated in religious activities, had no or only a limited time unsupervised after school, had strong academic achievement, did not have a job, felt safe at school, had parents who graduated from college, and reported that they did not use drugs recently. The most significant effects were observed between those students who were disengaged from school and were using drugs. The data revealed that they had a higher probability of recent truancy than any others.

### Institutional Factors

Many authors have also considered structural realities (Barth, 1984; McCluskey et al., 2004) and other school-related factors when determining the causes of truancy (Fornwalt, 1947; Lindstadt, 2005; Reid, 2005). Reid identified student-teacher relationships, the content and delivery of the curriculum, and bullying as some of the main causes of truancy. Others argue that truancy and nonattendance is the result of personality conflicts with teachers and students (Fornwalt). Fornwalt explained that teachers who subject their students to shame, sarcasm, name calling, ridicule, and humiliations are the direct causes of truancy. Additionally, the author stated that teachers who encourage their students not to attend class or who do not have any attendance policies are also a leading cause of truancy. Fornwalt stated that truancy is an escape mechanism and boys who truant are trying to get away from something, in this case the teachers. These findings are similar to the findings of Lindstadt, in which a correlation between teacher attitudes and truancy were found.

Barth (1984) and McCluskey et al. (2004) identified unsafe school environment, lack of effective and consistent school policies related to attendance, and teachers with low expectations

for student achievement as some of the factors that cause truancy. Reid and Kendall (1982) found that schools that were characterized as small in class size, had lower institutional control, had less rigorous rule enforcement, had closer parent-school relationships, and had student involvement in the management of schools had lower rates of absences than schools that were custodial-oriented, had high levels of control, and had inflexible organizational systems. Reid and Kendall also found low attendance rates in schools that had well-planned curricula and realistic expectations of their children. Additionally, they found that irrelevant or unstimulating subject matter, lack of challenging school work, and poor relationships between teachers and students were factors associated with high absentee rates.

Another institutional factor that may be related to high absenteeism and truancy is large school systems in low income, inner-city school districts (Teasley, 2004). Rather than addressing these issues, disciplinary policies that focus on excluding, suspending, and transferring students who are identified as troublemakers are ignoring the underlying issues that may be causing behavioral or attendance problems (Bowditch, 1993). Bowditch explained that students from low income, inner city school districts may have circumstances in their lives that prevent them from attending school, and school polices need to address those issues rather than focus on punishment by excluding them from school.

Finn and Voelkl (1993) studied institutional factors such as school size, the racial and ethnic composition, and the regulatory environment of the school and its effects on student engagement. The authors used a sample of 6,488 at-risk 8<sup>th</sup> grade students from 758 public schools across the nation for their study. The most consistent findings of the study were that absenteeism is lower, classroom participation is better, and students feel that the environment is more warm and supportive when school enrollment is smaller. Finn and Voelkl also found that

in schools with more minority students, absenteeism is greater and students come to class less prepared. The study also revealed that in schools that have a high percentage of Whites and a low percentage of minorities, African American students felt that the schools were lacking in warmth and supportiveness. This was also true for White students who were in a school with a high percentage of minorities.

### Family and Community Factors

Recent research has recognized families as having a major impact on student attendance (Epstein & Sheldon, 2002). The CFFC (2002) reported family relationships as one of the three frequently assessed areas of need among truant youth. The CFFC stated that 13% of truant youth are assessed as having problematic relationships with family members. The NCSE reported that truants have also been victims of abuse (Heilbrunn, 2004). According to NCSE, most truant students have been exposed to poor living conditions and negative circumstances. Also, they report that factors such as child abuse and parental irresponsibility have a major impact on students. Their data demonstrated that a large number of truant youth were also victims of crime and neglect.

Similarly, Barth (1984) found that a lack of resources and family social support can cause difficulties with parents and thus prevent them from bringing their child to school. Factors such as family socioeconomic status, parenting skills, and child neglect have also been identified as factors that prevent children from attending school (McCluskey, Bynum, & Patchin, 2004).

Parents' knowledge, attitudes, and beliefs about attending schools can also have an impact on truancy. For example, immigrant parents may not be aware of or understand that attendance in schools is compulsory (DeKalb, 1999). Therefore, they may not insist that the child attend school. Also some parents believe being absent from school for family reasons such

as caring for siblings are acceptable reasons for students to miss school (DeKalb). Interestingly, research has also pointed out that family practices tend to have more impact on student attendance than does family structure (Epstein & Sheldon, 2002).

A review of the literature shows that truancy rates can also vary depending on the community and neighborhood (Teevan & Dryburgh, 2000). Children who live and go to school in affluent communities and neighborhoods are less likely to be truant than others who live in low-income neighborhoods and communities (Teasley, 2004). This is due to the fact that those who live in low-income communities do not have the necessary resources and support systems that can help them reduce truancy. Teasley stated that children who live in low-income neighborhoods are too often exposed to violence and drugs, attend schools that are poorly funded, and have overcrowded classrooms. Children from affluent neighborhoods are exposed to less violence in their community, attend schools that are highly funded, and tend to attend small schools in which teachers and parents have a working relationship with each other (Teasley). Teasley also explained that in affluent communities, there is less transient activity among people who live and work in the community compared to low-income communities. In affluent communities, teachers tend to reside near or within the community where the school is located compared to teachers in low-income communities who generally live outside the communities in which they teach. Teachers who live in the same community in which they teach are more likely to be actively and directly involved with the students they teach and their parents (Teasley).

### **Truancy as a Risk Factor for Delinquency and Other Problems**

Throughout the literature, truancy has been identified and linked to other problems, such as delinquency (Mueller, Giacomazzi, & Stoddard, 2006; Smith & Stern, 1997; Stouthamer &

Loeber, 1988), criminal offending (Loeber, 1987; McCluskey, Bynum, & Pactchin, 2004), gang activity (Smith & Stern), and substance abuse (Hallfors et al., 2002). Past research has shown that children who become delinquent later in life tend to display behavior problems during their early years in school (Craig & Glick, 1968).

Overwhelming evidence suggests that truancy is a major risk factor for delinquency. For example, Stouthamer and Loeber (1988) summarized the results of a large number of studies that linked earlier child behavior and circumstances in the child's environment with later delinquency. A uniform measure called Relative Improvement Over Chance (RIOCI) was used to measure predictive power of delinquency. The study reported truancy as a predictor of later delinquency, indicating the median RIOCI relating truancy to later delinquency as 25.5%. They also found that more than 70% of the children described as delinquent were also truants. Additionally, the authors stated that truant delinquents were more likely to engage in major offenses compared to nontruant delinquents who engaged in minor offenses.

Others argued that truancy is a risk factor for alcohol, tobacco, and other drug use (ATOD; Hallfors et al., 2002; Henry & Huizinga, 2007). Hallfors et al. compared three measures, truancy, grade point average, and sexual activity, using a meta-analysis to determine the predictive value for substance abuse. The main purpose of the study was to report the relative strength of each risk indicator to substance abuse. The authors collected all data pertaining to ATOD from school districts of 58 communities for 7<sup>th</sup> through 12<sup>th</sup> grades from the years 1980 to 2000. The results indicated that all of the risk factors including truancy were significant predictors of substance abuse. In fact, the authors stated that truancy was a stronger predictor for all drug use behaviors than grade point average and sexual activity. Hallfors et al.

concluded that programs aimed to improve attendance in schools can potentially have a positive impact on substance abuse among the youth.

Henry and Huizinga (2007) found results similar to those of Hallfors et al. (2002). Henry and Huizinga examined the relationship between truancy and drug use. In order to assess this relationship, the authors used a sample of students from the Denver Youth Survey ( $N=304$ ) who were between the ages of 12 and 15. For each student, a guardian was also selected to participate in the study. A majority of the participants in the study were from disorganized neighborhoods with high crime rates. The sample consisted of 33.2% African Americans, 47.7% Hispanic, and 9.5% Whites. The authors defined truancy as any time when a student skipped school without a valid excuse. Henry and Huizinga divided truancy into five categories: nontruant class skipper (only skipped classes, never actually skipped school), minor truant (missed 3 or more days during the school year), moderate truant (missed 4-9 days), chronic truant (missed between 10-35 days), and severe truant (missed 36 or more days). The authors explored the effects of truancy on the first use of alcohol, tobacco, and marijuana. They found that truancy was an important predictor of alcohol use, tobacco use, and marijuana use. For each unit increase in the log number of days truant, the authors discovered that the odds of initiation of alcohol use was 1.69, the odds of tobacco use was 1.42, and the odds of marijuana use was 1.93 times higher. The authors concluded that since truanting is usually unstructured and unsupervised, truants are more likely to engage in risky behaviors such as drug use.

### **School Refusal Behavior**

Both truancy and school refusal behavior have been identified as a problem of school attendance (Kearney, 2006; Okuyama, Okada, Kuribayashi, & Kaneko, 1999). However, many researchers have identified truancy and school refusal as two distinct phenomena. For



example, Okuyama et al. (1999) defined school refusal as a serious form of absence in which a child experiences emotional disturbance and a high degree of anxiety with the thought of attending school (Okuyama et al., 1999). Unlike school refusal, truancy is defined as unexcused absence from school without parental knowledge (Okuyama et al.). Furthermore, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, American Psychiatric Association, (2000) identified truancy as a symptom of conduct disorder and school refusal as a symptom of separation anxiety disorder.

Even though several distinctions have been identified between truancy and school refusal, research has identified that some students display characteristics of both truancy and school refusal (Lauchlan, 2003). For example, Kearney (2006) identified two main reasons children refuse school, to leave anxiety-provoking stimuli and to pursue rewards outside of school. Furthermore, the latter classification can be identified as characteristics of truancy (Kearney, 2007). For example, truants typically skip school because they are not interested in school and want to pursue more interesting activities outside the school setting (Kearney, 2007). Additionally, Kearney (2007) explained that some symptoms of anxiety-based school refusal and truancy tend to overlap. For example, both truant and anxiety-based school refusing children display nervousness about returning to school after a prolonged period of absence (Kearney).

According to Kearney (2006), children may exhibit school refusal behavior through different forms of absenteeism, such as tardiness to school, skipping classes, and long term absences from school. School refusal behavior has been known to affect 5% to 28% of the youths (Kearney). Kearney stated that children who are in elementary school and between the ages of 10 and 13 are at a higher risk for school refusal behavior than older children.

School refusal should be identified and treated early because like truancy, there are many negative social and educational outcomes for prolonged absences from school (Okuyama et al., 1999). For example, children diagnosed with school refusal behavior are more likely to have legal and financial difficulties, drop out of school, be delinquent, and have later occupational and marital problems (Kearney & Bensaheb, 2006). To treat school refusal behavior, interventions that use a multidisciplinary approach are the most effective (Kearney, 2006). Interventions vary from medications, such as anxiolytics and antidepressants, to cognitive management techniques, such as anxiety management techniques, exposure based practices, and contingency management (Kearney).

### **Early Intervention and Prevention**

It is important to implement truancy interventions during the elementary school years, when early indicators of truancy are present. Intervention during the elementary school years can potentially prevent truancy later on (Ford & Sutphen, 1996). Early intervention not only addresses the issue at hand at an early age but also allows the school and the child to form a positive relationship during the child's early developmental years (Ford & Sutphen).

Previous researchers have identified nonattendance or irregular attendance, poor academic performance, and behavioral problems in elementary school as potential risk factors for truancy (Barth, 1984; Ford & Sutphen, 1996; Lehr et al., 2004). According to Lehr et al., children at risk for truancy can be identified as early as third grade. Lehr et al. explained that it is more effective to work with elementary school children than middle school or high school children because problems tend to be more complex and intense as children get older. The literature also suggests that the younger a child is when he or she develops problems and the longer the problems last, the harder it will be to intervene (Lehr et al.). Problems that develop at

a young age and linger over time tend to be more persistent. Since truancy is caused by multidimensional factors, in order to effectively provide truancy interventions, all aspects of the truant's life must be addressed. Early truancy interventions that focus on the individual, school factors, family factors, and community factors are found to be the most effective (Teasley, 2004).

### Specific Interventions

Lehr, Sinclair, and Christenson (2004) studied the effectiveness of a program called Check and Connect with elementary school children. The targeted problem in the study was truancy, which was measured based on attendance records. Children who were absent or tardy at least 12% of the school year and had little or no parental support were referred to the program by school staff. Additionally, children with siblings who had a history of excessive absences and behavioral problems in school were also referred to the program. Lehr et al. (2004) collected data from 11 elementary schools located in five suburban school districts in the Midwestern United States. The program was previously successful with middle school and high school children (Lehr et al.). The Check and Connect program addressed the early signs of truancy such as irregular attendance and poor academic performance by building relationships with disengaged students, routinely monitoring withdrawal, providing individualized and timely intervention, being persistent, and affiliating disengaged students with school and learning (Lehr et al.). The study only reported the results of those students who participated in the Check and Connect program for at least 2 years. The results of their study showed that disengaged children who participated in the program for at least 2 years had lower absence rates than they did prior to their participation in the program. For example, there was a 23% decrease in absences after participation in the program for the disengaged groups (Lehr et al.). Out of 147 students who

participated in the program, 63% of the students showed improvements in their attendance after 2 years of participation. The authors concluded that the Check and Connect program is an effective early intervention for truancy. Lehr et al. argue that this is evident in the fact that more than half of the students improved their attendance, and attendance is a strong indicator of student engagement and success in school.

Brooks (2001) studied the use of contingency management as a means of reducing school truancy. Contingency management is a behavior modification technique that uses immediate consequence (positive or negative) to change behavior (Brooks). Truancy was the targeted problem and was measured using attendance records. The researcher defined truancy as missing more than nine days of school during the first 8 weeks of school. Brooks collected data from 60 high school students who were identified as being truant. The students were divided into three groups, control, experimental, and a group that was not included in the study. The control did not receive any intervention. The experimental group was given a contingency contract to sign as their intervention. The contract validated the number of days they were absent from school, stated that they would not be absent anymore without a satisfactory excuse, and agreed to be monitored on daily attendance. The students in the experimental group were asked to sign the contract and abide by its rules. In addition to the contract, the experimental group was told that they would be rewarded monetarily for their attendance in school. Baseline attendance for each participant was obtained prior to the study. The results of the study showed that there was a significant difference ( $p < .0001$ ) between those who signed the contingency contract and those who did not (Brooks). Before the intervention, the baseline mean days truant for the control group was 21.9 and 22.3 for the experimental group. After the experimental group received the intervention, the mean days truant for the experimental group was 7.1 compared to the control

group who had 29.3 with no intervention. Brooks concluded that school officials can save tremendous amounts of time and money by using contracts to reduce truancy. Contingency contracts are a way for the school officials to positively reward their students for attending school (Brooks).

Pritchard and Williams (2001) compared the outcomes of four schools (over a 3-year period) in which two schools had an intervention (school based family social work) and two schools did not have any interventions. Two primary and two secondary schools were used in the study, in which one primary and one secondary school received the intervention and the others did not. The study evaluated if the intervention reduced truancy and delinquency. Pritchard and Williams hypothesized that school based family social work would improve students' behaviors related to truancy and delinquency. Parents, teachers, and others who were in contact with the students referred students who were having psycho-socio educational disturbance (Pritchard & Williams). There was an average of 960 students enrolled in the schools that received the intervention. The referred students were counseled by an education social worker (ESW). The ESWs also provided counseling services to teachers in the schools. Delinquency and truancy improved overall in schools that received the intervention. For example, in the primary school that received the intervention, theft rate decreased by 37%. Frequency of fighting also fell by 19% in the primary school that received the intervention. In the secondary school, the rate of truancy decreased 10% by the third year in the school that received the intervention compared to 3% in the school that did not have an intervention. Through follow up questionnaires, the authors also found that in schools that received the intervention, 40% of the problems that the ESWs came across were totally resolved and 46%

were much more improved over time. Pritchard and Williams concluded that interventions through school based family social work can be critical in reducing truancy and delinquency.

Similarly, Bagely and Pritchard (1998) also examined if school social work can be effective in preventing both problem behaviors and school exclusion for at risk youth. The targeted problems included theft, truancy, bullying, and drug use. The authors collected data from 1300 children and adolescents from four different schools. Two schools (one primary and one secondary) were assigned as the project schools and two schools (one primary and one secondary) were control schools. Project social workers were assigned to the experimental group. They focused on family and child counseling, child protection issues, transitioning into secondary schools, bullying, truancy, health education, community development and interagency collaboration, and school exclusion. For the evaluation of the program, the authors gathered information through semi-structured interviews with teachers, parents, and selected students. The authors found that the program reduced self-reported theft, truancy, bullying, and hard drug use. For example, the primary project school had a 33% decrease in self-reported theft and a 21% decrease in bullying (Bagely & Pritchard). In the secondary project school, there was a 53% fall in truanting, whereas the secondary control school had a 12% rise in truanting. Bagely and Pritchard also found that there was a decrease in the number of reported fights in the school that received the intervention compared to the schools that did not. For example, there was a 9% reduction in the number of fights reported in the secondary project school, whereas there was an increase of 11% in the secondary control school. The authors concluded that early intervention programs that utilize project teachers and specialist school social workers can positively impact student behavior in the school (Bagely & Pritchard).

Volkman and Bye (2006) investigated if school attendance improved by implementation of adult volunteer reading partners. The authors implemented a reading program called the Grant School Reading Partner Program (GSRPP). The program goals included improving school attendance, increasing academic reading scores, and increasing students' self-esteem. Volkman and Bye wanted to determine if there was a change in attendance after the program implementation. Additionally, they wanted to know if children were more likely to attend school on the days they were scheduled to meet their reading partner.

The study was conducted at the Grant Language Arts and Magnet Elementary School in Duluth, Minnesota (Volkman & Bye). Two hundred seventy-eight children participated in the study. Participants in the study were paired with adult reading partners one day a week. The authors compared the Grant School attendance records of 2000-2001 (year 1), before program implementation, with the attendance records of 2001-2002 (year 2), after program implementation. The researchers defined attendance as "any time an enrolled student was present and arrived on time, or within the first 10 minutes, to all assigned classes for the duration of each full school day" (Volkman & Bye, p. 149). Even though the average number of days absent from school decreased by .03%, no significant differences between year 1 and year 2 were yielded (Volkman & Bye). In other words, the results of the study indicated that children's attendance did not improve overall between year 1 and year 2. However, the mean absence rate of the students was significantly lower on the days they were scheduled to meet their reading partner (1.7) compared to the mean absence rate of the students when they were not scheduled to meet (2.25) (Volkman & Bye). Volkman and Bye concluded that even though the adult reading programs did not improve the overall attendance rate in the school, the program may be beneficial for improving individual attendance. Furthermore, the program can be used for

students who have a history of poor attendance and pairing them with adult reading partners on the days they tend to miss school (Volkman & Bye).

### **Truancy and Gender**

Throughout the literature, many studies discuss various causes, characteristics, and risk factors related to truancy, however, majority of the literature fails to mention gender differences in children identified as truants. Furthermore, few studies have actually looked at gender differences in elementary school children identified as truants. Most of the studies that have looked at gender differences in children identified as truants focused their studies on children in high school.

For example, Henry (2007) studied the characteristics of 8<sup>th</sup> and 10<sup>th</sup> grade children who skip school. The author found no significant gender differences in children who skip school (Henry). The results indicated that out of 47.3% of 8<sup>th</sup> grade males, 10.6% have been truant. The study also revealed that out of 52.7% of 8<sup>th</sup> grade females, 10.4% have been truant (Henry). Out of 48.5% tenth grade male students, 15.5% were identified as truants. Out of the 51.5% tenth grade females, 17.3% were identified as truants (Henry).

Similarly, Attwood and Croll (2006) studied differences in prevalence of truancy in secondary school children. The authors found that there are no major differences in the rate of truancy between males and females. However, the authors found that truancy rates across time were slightly different between boys and girls (Attwood & Croll). Furthermore, Attwood and Croll also found that as children get older, the likelihood of truanting also increases. The study revealed that girls are less likely than boys to truant during their early developmental years and are more likely to truant than boys when they get older (Attwood & Croll).



## **Summary of Research Findings**

This literature review has revealed various research findings. For example, intervention during the elementary school years can potentially prevent truancy later on (Ford & Sutphen, 1996). Early intervention not only addresses the issue at hand at an early age but also allows the school and the child to form a positive relationship during their early developmental years (Ford & Sutphen). Previous researchers have identified nonattendance or irregular attendance, poor academic performance, and behavioral problems in elementary school as potential risk factors for truancy (Barth, 1984; Ford & Sutphen; Lehr et al., 2004). According to Lehr et al., children at risk for truancy can be identified as early as third grade. Lehr et al. explained that it is more effective to work with elementary school children than middle school or high school children because problems tend to be more complex and intense as children get older. Review of the literature has also shown that boys and girls tend to differ in characteristics and behavior at school (Langsford et al., 1998; Petrides et al., 2005; Weden & Zabin, 2005).

### **CHAPTER 3: OVERVIEW OF THE TASC PROGRAM**

The Truancy Assessment and Service Centers (TASC) were developed to identify, assess, intervene, service, and monitor truant children who are in elementary school (OSSRD, 2004). The TASC model was developed in 1998 by OSSRD at Louisiana State University and the Louisiana State Legislature in an effort to reduce truancy in Louisiana. The program was launched in 1999 with two pilot TASC sites. Today, there are a total of 17 TASC sites throughout Louisiana, across 24 parishes.

The target population of the TASC program is elementary school children, specifically grades K through fifth (OSSRD, 2004). However, in elementary schools that have K-6, the sixth graders are allowed to participate in the TASC program. The TASC process begins with the referral and then involves screening, assessment, and intervention (OSSRD). Children are referred to the TASC program by schools, law enforcement, or parents (guardians). Schools are required to refer children to the TASC program if the students have more than four unexcused absences (OSSRD). School personnel who are making the referral are required to complete a checklist of truancy risk indicators, Risk Indicator Survey I. After the children are referred to the TASC program, the TASC staff screen the children for any truancy risk factors (OSSRD). In addition to the risk factors, the staff also gathers demographic and academic information. Once the child is screened, the TASC staff determines if the child is low risk (Function I) or high risk (Function II; OSSRD).

If the child is determined low risk, the TASC staff will send a letter to the parents (OSSRD, 2004). The letter will state the importance of attending school, the consequences related to not attending school, and information about the compulsory attendance laws in Louisiana. If the child is determined high risk, they enter a phase called the assessment phase in

which the needs of the child are assessed (OSSRD). The needs of the child may be identified using academic records, standardized testing, and interviews with the child, teacher, and school social workers or counselors, parents, guardians, and service providers. For high risk children, the TASC staff also set up an informal family conference, involving an intake officer, the family, and any other individuals who are part of the child's life (OSSRD). The main objective of the interview is to inform and educate parents on about Louisiana's compulsory attendance laws and the importance of attendance in schools. At the end of the conference, the intake officer generates an Informal Family Service Plan Agreement (IFSPA).

Under the IFSPA, the parent and the child agree to have the child attend school regularly, notify TASC of any change in address and telephone number, obey all state, local, and federal laws, and cooperate fully with services (OSSRD, 2004). The TASC office will assign case managers to monitor school attendance, service referral, parent(s), and child. The IFSPA is valid for 6 months. After 6 months, the TASC will dismiss the case if the parent(s) and child have fulfilled all of the terms and/or conditions of the agreement plan. However, if the child and parent(s) did not follow the IFSPA plan, the TASC staff has the authority to take the matter before a judge (OSSRD).

## CHAPTER 4: METHODS

This is a cross-sectional, exploratory study that examines the characteristics of elementary school children at risk for truancy.

### **Participants**

This study employed secondary data analysis. Data analyzed in this study were extracted from data collected by OSSRD. The sample size included in this study was the number of TASC program participants in the 17 TASC sites in Louisiana. Thus, the sample was a convenience sample and was not randomly selected. The participants in this study were 23,459 Kindergarten (K) through fourth graders who participated in the TASC program in Louisiana during the school years of 2002-2007. Additionally, the researcher received IRB approval for the current study.

The data collected in this study consisted of different complaints for each participant. Complaints is the number of times a child was referred to the TASC program. For the purposes of this study, only the first complaints were used. All cases with no complaint one were deleted. Additionally, those cases that were missing survey date, race, and gender were not used in this study. Finally, all Function III cases were not used in this study.

### **Measures**

Two new instruments that have not been discussed before were used in this study: the Risk Indicator I Survey and the Global Assessment information tool. The instruments were developed by the OSSRD staff.

#### The Risk Indicator Survey I

The Risk Indicator Survey I is a checklist that helps TASC staff determine the particular problems and needs of the child. This survey is completed by the child's teacher and determines if the child is at low risk or at high risk for continued truancy. Only one TASC site (East Baton

Rouge [EBR]) determines this by a score on the survey. Other sites base risk on the TASC staff judgment and number of risks checked off on the list. The Risk Indicator Survey I specifies the date the checklist is completed and the person who completes it. The survey consists of 12 sections: defiant, manipulative, aggressive, isolated, parental attitudes, attention seeker, emotional response, unmotivated, risk taking behaviors, unstable home life, developmental issues, and hyperactivity. Each section has a list of indicators or items that the surveyor will check as they apply to the child. This survey also has a comment section in which the surveyor can write additional comments about any of the items checked off on the list.

In the current study, parental attitudes and developmental issues were not available to analyze. Additionally, the data collected for the present study did not have the item “steals” from the risk taking behaviors checklist to analyze.

#### The Global Assessment Tool

The Global Assessment is a tool that helps the TASC staff evaluate the problems that each child has that are impacting his or her truancy. This assessment is usually filled out during the Informal Family Conference. Like the Risk Indicator Survey I and II, this also has the date the assessment is completed and the name of the person who completes it. Additionally, this assessment also has a section to indicate the methods used to obtain information. The Global Assessment contains 13 subsections and for each section, the surveyor must enter yes, no, or unknown for each problem area that is contributing to the child’s truancy. These sections include child mental health problems, parental practices, parent/family member mental health problems, child substance use/abuse, parent/family substance use/abuse, child physical health problems, parent/family member physical health problems, basic needs, child behavioral problems, educational issues, neglect/abuse of child, child criminal history, and parent/family member

criminal history. The Global Assessments can be updated, and a new Global Assessment must be completed for each new complaint.

In addition to the instrumentation above, for each student, the TASC case managers also collected complaint (referral) information. In the first section, the case managers enter either the child's social security number or the student ID to identify and track the child. The child's name and address are also collected for case management and administrative purposes. However, this information will not be used in this study and will remain confidential. No identifying information will be used in this study.

Demographic information on gender, race, age, and grade level were also collected. Additionally, the TASC case managers entered the date of complaint, the date they received the complaint, the date screened, the referral source, referring school name, case manager's name, the school year the complaint came in, number of unexcused absences at referral, previous grade failed, original function status, date function changed, complaint status, closure status, and family or caretaker information (name and relationship).

### Services Needed

For the purposes of this study, the services needed were measured using the Global Assessment tool. The problem area identified on the Global Assessment tool was used as a means of identifying the service needs of the child. For example, if a child in the TASC program listed child mental health problems as an area that is affecting their truancy, the TASC officers are supposed to provide mental health services to the child.

### Truancy

For the purposes of this study, truancy is defined having more than four unexcused absences throughout the school year. Children who have missed more than four days of school

are referred to the TASC program. All children referred to the TASC program are considered at risk for truancy.

### **Variables**

Variables measured in this study are demographic variables, function status, symptoms present in Risk Indicator Survey I, and problem areas or needs that are affecting the child identified in the Global Assessment Tool.

### **Data Analysis**

Data from the 17 TASC sites were collected to participate in the study. Statistical analyses such as descriptive statistics and means tests were used to analyze the data. Chi-square tests, *t*-tests, and one-way analysis of variance (one-way ANOVA) were used to determine any differences and relationships within and between populations in the data. For all of the above analysis, the *p* value was set at level .05.

## CHAPTER 5: RESULTS

This research study examined the characteristics of elementary school children ( $N = 23,459$ ) who are at risk for truancy and referred to the TASC program. The study also sought to explore any significant gender differences in children referred to the TASC program and gender differences in services needed reported by children at risk for truancy and their families.

### **Demographic Variables**

The vast majority of literature related to truancy risk factors report demographic variables, including age, grade, gender, sex, socioeconomic status, race, parent's marital status, and number of siblings. However, due to limitations in data, only gender, race, grade, and function status were available to report for the current study.

From the overall sample ( $N = 23,459$ ), 54% ( $n = 12,669$ ) were female and 46% ( $n = 10,790$ ) were male. More than 60% ( $n = 14,092$ ) of the sample consisted of African Americans. The second largest group were Caucasians, making up 37.9% ( $n = 8,880$ ). Other groups in the sample were Hispanic ( $n = 327$ , 1.4%), Asian ( $n = 107$ , .5%), American Indian ( $n = 51$ , .2%), and Native Hawaiian ( $n = 2$ , .01%).

This research study collected data from children who are in Kindergarten through fourth grade. More than 30% ( $n = 7,610$ ) of the children were in Kindergarten, 21.3% ( $n = 4,998$ ) were in first grade, 15.3% ( $n = 3,583$ ) were in second grade, 14.2% ( $n = 3,342$ ) were in third grade, and 16.7% ( $n = 3,926$ ) were in fourth grade. The sample consisted of 10,381 Function I cases, 11,817 Function II cases. Fifty three cases were missing their function status.

### **Reliability of the Risk Indicator Survey I Scales**

In order to analyze any differences by gender and risk factors, a total scale score for all the categories of Risk Indicator Survey I was computed using SPSS. Additionally, a score for



each category in the Risk Indicator Survey was also computed to determine any differences in risk factors.

Cronbach's alpha is a statistic that allows researchers to determine the reliability and consistency of the responses in a given scale (Santos, 1999). Santos explained that the scores on the Cronbach's alpha coefficient range from 0 to 1, with 1 being the most reliable and 0 being the least reliable. The widely acceptable score for good reliability is 0.7 (Santos).

Cronbach's alpha ( $\alpha$ ) scores were obtained for the total scale score for all the categories of Risk Indicator Survey and for each category and are shown in Tables 1 and 2. Cronbach's alpha if item deleted are also shown in the Tables 1 and 2. Cronbach's alpha for the total scale score of Risk Indicator Survey I is .817. Cronbach's alpha scores for each scale are as follows: defiant scale,  $\alpha = .438$ ; aggressive scale,  $\alpha = .598$ ; emotional response scale,  $\alpha = .561$ ; risk taking behavior scale,  $\alpha = .345$ ; manipulative scale,  $\alpha = .709$ ; isolated scale,  $\alpha = .391$ ; attention seeker scale,  $\alpha = .679$ ; unmotivated scale,  $\alpha = .736$ ; unstable home life scale,  $\alpha = .560$ ; and hyperactivity scale,  $\alpha = .579$ . One possible explanation for the low Cronbach's Alpha Scores is the restricted range of the scores. Future scale development should consider expanding criteria to include additional items with a Likert type scale response.

Table 1  
Reliability of Items in Each Category in the Risk Indicator Survey I ( $N = 23459$ )

Item	M	SD	N	Chronbach's Alpha	Chronbach's Alpha if item deleted
Defiant Scale Items				.438	
Defiant_1.1	.12	.323	23459		.131
Defiant_2.1	.05	.219	23459		.170
Defiant Other	.03	.157	23459		.538

(table cont'd.)

Aggressive Scale Items				.598	
Aggressive_1.1	.09	.291	23459		.464
Aggressive_2.1	.05	.221	23459		.434
Aggressive_3.1	.05	.212	23459		.474
Aggressive Other	.02	.137	23459		.659
Emotional Response Scale Items				.561	
EmotionalResponse_1.1	.11	.316	23459		.512
EmotionalResponse_2.1	.04	.207	23459		.470
Emotional Response_3.1	.09	.279	23459		.462
EmotionalResponse_4.1	.06	.237	23459		.480
EmotionalResponse Other	.03	.172	23459		.584
Risk Taking Behaviors Scale Items				.345	
RiskTakingBehaviors_1.1	.01	.086	23459		.257
RiskTakingBehaviors_2.1	.01	.091	23459		.321
RiskTakingBehaviors_3.1	.00	.036	23459		.360
RiskTakingBehaviors_4.1	.01	.119	23459		.198
RiskTakingBehaviors Other	.01	.101	23459		.301
Manipulative Scale Items				.709	
Manipulative_1.1	.14	.348	23459		.566
Manipulative_2.1	.10	.298	23459		.538
Manipulative_3.1	.14	.351	23459		.554
Manipulative Other	.01	.092	23459		.792
Isolated Scale Items				.391	
Isolated_1.1	.02	.142	23459		.238
Isolated_2.1	.03	.176	23459		.282
Isolated_3.1	.06	.235	23459		.381
Isolated Other	.02	.131	23459		.397
Attention Seeker Scale Items				.679	
AttentionSeeker_1.1	.08	.265	23459		.622
AttentionSeeker_2.1	.16	.368	23459		.459
AttentionSeeker_3.1	.21	.405	23459		.483
AttentionSeeker Other	.02	.147	23459		.744
Unmotivated Scale Items				.736	
Unmotivated_1.1	.10	.294	23459		.667
Unmotivated_2.1	.15	.361	23459		.626

(table cont'd.)

Unmotivated_3.1	.18	.382	23459	.650
Unmotivated_4.1	.12	.323	23459	.683
Unmotivated Other	.03	.179	23459	.778
Unstable Home Life Scale Items				.560
UnstableHomeLife_1.1	.06	.236	23459	.436
UnstableHomeLife_2.1	.01	.107	23459	.539
UnstableHomeLife_3.1	.03	.160	23459	.477
UnstableHomeLife_4.1	.01	.116	23459	.549
UnstableHomeLife_5.1	.02	.134	23459	.546
UnstableHomeLife_6.1	.06	.245	23459	.503
UnstableHomeLife Other	.05	.215	23459	.571
Hyperactivity Scale Items				.579
Hyperactivity_1.1	.07	.248	23459	.106
Hyperactivity_2.1	.08	.277	23459	.122
Hyperactivity Other	.01	.093	23459	.750

Table 2  
Reliability of Risk Indicator Survey I Scale Items ( $N = 23459$ )

Item	M	SD	N	Chronbach's Alpha if item deleted
Defiant Scale	.1943	.50028	23459	.791
Aggressive Scale	.2112	.59811	23459	.790
Emotional Response	.3321	.74511	23459	.787
Risk Taking Behaviors	.0418	.23892	23459	.816
Manipulative Scale	.3917	.85379	23459	.780
Isolated Scale	.1290	.41846	23459	.813
Attention Seeker Scale	.4665	.89309	23459	.783
Unmotivated Scale	.5791	1.10232	23459	.810
Unstable Home Life Scale	.2421	.66610	23459	.815
Hyperactivity Scale	.1584	.48921	23459	.810

Note. Cronbach's alpha is .817 for the Risk Indicator Survey I Scale.

### Children Referred and Gender

An Independent samples *t* test was utilized to determine any gender differences in rate of children referred to the TASC program between 2002 and 2007 across the five grade levels. As shown in Table 3, more females entered the TASC than males between 2002 and 2007. However, the data analysis reveal that there are no significant difference between males and females,  $t(23459) = 1.207, p = .228$  (two tailed).

Table 3  
Percentages of Children Referred to the TASC Program by Gender ( $N = 23459$ )

Gender	Frequency ( <i>n</i> )	%
Females	12669	54
Males	10790	46

### Risk Factors and Gender

In order to determine if there were any significant differences between gender and risk factors, identified through the Risk Assessment Survey I, a chi-square analysis was done using crosstabs for gender and each category scale in the Risk Indicator Survey.

#### Defiant Scale

No significant differences were observed between gender and defiance,  $\chi^2(3, N = 23459) = 2.463, p = .482$ . The number of items in this category is shown in Table 4.

Table 4  
Percentages of differences between gender and each item in the defiance category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )
Females	84.7% (10727)	11% (1399)	4% (507)	.3% (36)
Males	85.4% (9210)	10.6% (1148)	3.8% (406)	.2% (26)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

### Aggressive Scale

No significant differences were observed between gender and aggression,  $\chi^2(4, N = 23459) = 4.247, p = .370$ . The number of items in this category is shown in Table 5.

Table 5  
Percentages of differences between gender and each item in the aggression category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )	4 ( <i>n</i> )
Females	86% (10892)	8.4% (1067)	3.7% (474)	1.7% (215)	.2% (21)
Males	86.7% (9356)	8% (867)	3.4% (370)	1.7% (185)	.1% (12)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

### Emotional Response Scale

No significant differences were observed between gender and emotional response,  $\chi^2(5, N = 23459) = 5.193, p = .393$ . The number of items in this category is shown in Table 6.

Table 6  
Percentages of differences between gender and each item in the emotional response category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )	4 ( <i>n</i> )	5( <i>n</i> )
Females	78.8% (9986)	12.7% (1604)	5.7% (720)	2.1% (271)	.7% (84)	.0% (4)
Males	79.1% (8531)	12.5% (1345)	5.6% (607)	2% (220)	.7% (76)	.1% (11)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

### Risk Taking Behaviors Scale

No significant differences were observed between gender and risk taking behaviors,  $\chi^2(4, N = 23459) = 4.714, p = .318$ . The number of items in this category is shown in Table 7.

Table 7  
Percentages of differences between gender and each item in the risk taking behaviors category ( $N = 23459$ )

(table cont'd.)

Gender	0 (n)	1(n)	2(n)	3(n)	4 (n)
Females	96.6% (12237)	2.8% (353)	.5% (67)	.1% (12)	.0% (0)
Males	96.6% (10421)	2.7% (289)	.7% (73)	.1% (6)	.0% (1)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

### Manipulative Scale

No significant differences were observed between gender and manipulation,  $\chi^2(4, N = 23459) = 2.798, p = .592$ . The number of items in this category is shown in Table 8.

Table 8

Percentages of differences between gender and each item in the manipulative category ( $N = 23459$ )

Gender	0 (n)	1(n)	2(n)	3(n)	4 (n)
Females	78.5% (9941)	9.6% (1211)	5.8% (730)	6% (761)	.2% (26)
Males	79.3% (8554)	9.4% (1009)	5.4% (579)	5.8% (627)	.2% (21)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

### Isolated Scale

No significant differences were observed between gender and isolation,  $\chi^2(4, N = 23459) = 7.503, p = .112$ . The number of items in this category is shown in Table 9.

Table 9

Percentages of differences between gender and each item in the isolated category ( $N = 23459$ )

Gender	0 (n)	1(n)	2(n)	3(n)	4 (n)
Females	90% (11402)	7.8% (987)	1.8% (227)	.4% (48)	.0% (5)
Males	89.4% (9643)	8.6% (929)	1.5% (167)	.4% (46)	.0% (5)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

### Attention Seeker Scale

No significant differences were observed between gender and attention seeking,  $\chi^2(4, N = 23459) = 7.582, p = .108$ . The number of items in this category is shown in Table 10.

Table 10

Percentages of differences between gender and each item in the attention seeking category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )	4 ( <i>n</i> )
Females	73.8% (9356)	10.5% (1336)	10.1% (1281)	5% (638)	.5% (58)
Males	75.1% (8105)	10.3% (1106)	9.2% (988)	5.1% (547)	.4% (44)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

Unmotivated Scale

No significant differences were observed between gender and un-motivation,  $\chi^2(4, N = 23459) = 4.714, p = .318$ . The number of items in this category is shown in Table 11.

Table 11

Percentages of differences between gender and each item in the unmotivated category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )	4 ( <i>n</i> )	5( <i>n</i> )
Females	72.2% (9153)	10.6% (1343)	8.6% (1084)	4.3% (540)	3.9% (494)	.4% (55)
Males	72.2% (9153)	9.8% (1059)	9% (973)	4.4% (470)	3.6% (392)	.4% (44)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

Unstable Home Life Scale

No significant differences were observed between gender and unstable home life,  $\chi^2(7, N = 23459) = 2.190, p = .949$ . The number of items in this category is shown in Table 12.

Table 12

Percentages of differences between gender and each item in the unstable home life category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )	4 ( <i>n</i> )	5( <i>n</i> )
Females	84.3% (10682)	10.1% (1276)	3.4% (433)	1.5% (191)	.5% (65)	.1% (15)
Males	84.6% (9129)	9.9% (1070)	3.3% (357)	1.5% (163)	.5% (114)	.1% (15)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

Hyperactivity Scale

No significant differences were observed between gender and hyperactivity,  $\chi^2(3, N = 23459) = 2.180, p = .536$ . The number of items in this category is shown in Table 13.

Table 13  
Percentages of differences between gender and each item in the hyperactivity category ( $N = 23459$ )

Gender	0 ( <i>n</i> )	1( <i>n</i> )	2( <i>n</i> )	3( <i>n</i> )
Females	89.2% (11302)	5.9% (753)	4.7% (592)	.2% (22)
Males	89.3% (9633)	5.8% (628)	4.6% (501)	.3% (28)

Note. 0, 1, 2, etc refer to the number of items checked in the above category.

**Services Needed and Gender**

In order to determine if there were any differences in services needed by gender, a chi-square analysis was used. The results of the data showed that there were no significant differences between males and females in the type of services they need or the identified problem area that is affecting their truancy. The number of times in which each problem area was listed as a factor influencing the child’s truancy by gender is shown in Table 14.

Table 14  
The Most Common Problem Area Affecting Children in the TASC Program by Gender ( $N = 23,459$ )

Problem Area	Females ( <i>n</i> = 12,669)	Males ( <i>n</i> = 10,790)	Total ( <i>n</i> = 23,459)	Difference
Child Mental Health Problems	1213	1059	2272	154
Parental Practices	1874	1560	3434	314
Parent/Family Member MHP	708	586	1294	122
Child Substance Use/Abuse	13	21	34	8
Parent/Family Member SU/A	422	329	751	93
Child Physical Health Problems	1388	1121	2509	267

(table cont’d.)



Parent/Family Member PHP	517	447	964	70
Basic Needs	860	765	1625	95
Child Behavioral Problems	1892	1585	3477	307
Educational Issues	1727	1443	3170	284
Neglect/Abuse of Child	333	259	592	74
Child Criminal History	65	62	127	3
Parent/Family Member CH	695	568	1263	127

### Child Mental Health Problems

Out of 12,669 females that entered the program, 9.6% ( $n = 1,213$ ) children were identified as having mental health problems by TASC officers, 33.3% ( $n = 4,213$ ) were identified as having no mental health problems, 2.3% ( $n = 296$ ) were reported as unsure, and for 54.8% ( $n = 6,942$ ) there was no response checked in this category. Out of the 10,790 males, 9.8% ( $n = 1,059$ ) were reported by TASC officers as having mental health problems, 33% ( $n = 3,566$ ) were reported as not having any mental health problems, 2.4% ( $n = 261$ ) were reported as unsure, and for 54.7% ( $n = 5,904$ ) there was no response checked in this category. There was no significant differences between males and females in regards to mental health problems,  $\chi^2(3, N = 23,459) = .625, p = .891$ .

### Parental Practice

For parental practice, more females than males were reported to have it as a factor that influenced their truancy. In response to whether or not parental practice had an impact on truancy, 14.8% ( $n = 1,874$ ) of the females were reported as yes, 28.6% ( $n = 3,619$ ) were reported as no, for 54.8% of the females ( $n = 6,942$ ) no items in this category was checked off, and 1.8% of the females were reported as unsure. For males, 14.5% ( $n = 1,560$ ) were reported as yes, 28.9% ( $n = 3,115$ ) were reported as no, for 54.7% ( $n = 5,904$ ) no item in this category was checked off, and 2% ( $n = 211$ ) were reported as unsure. The results of the study showed that

there was no significant difference between males and females, and parental practice,  $\chi^2 (3, N = 23459) = 1.0, p = .801$ .

#### Parent/Family Member Mental Health Problems

For parent and /or family member mental health problems, more females than males were reported to have it as a factor that influenced their truancy. For females, 5.6% ( $n = 708$ ) were reported as yes, 36.6% ( $n = 4,643$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 3% ( $n = 376$ ) were reported as unsure. For males, 5.4% ( $n = 586$ ) were reported as yes, 37% ( $n = 3,994$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 2.8% ( $n = 306$ ) were reported as unsure. No significant differences were found between males and females in regards to parent and/or family member mental health problems,  $\chi^2 (3, N = 23,459) = .831, p = .842$ .

#### Child Substance Use/Abuse

For child substance use and/or abuse, more males than females were reported to have it as factor that influenced their truancy. For males, .2% ( $n = 21$ ) were reported as yes, 43.6% ( $n = 4,706$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 1.5% ( $n = 159$ ) were reported as unsure. For females, .1% ( $n = 13$ ) were reported as yes, 43.7% ( $n = 5,539$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.4% ( $n = 175$ ) were reported as unsure. There was no significant difference between females and males in regards to child substance abuse,  $\chi^2 (3, N = 23,459) = 3.774, p = .287$ .

#### Parent/Family Member Substance Use/Abuse

For parent and /or family member substance use and/or abuse, more females than males were reported to have it as a factor that influenced their truancy. For females, 3.3% ( $n = 422$ ) were reported as yes, 37.9% ( $n = 4,803$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an

item in this category, and 4% ( $n = 502$ ) were reported as unsure. For males, 3% ( $n = 329$ ) were reported as yes, 38.2% ( $n = 4,121$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 4% ( $n = 436$ ) were reported as unsure. The results of the study revealed that there was no significant difference between males and females in regards to parent and/or family member substance use and/or abuse,  $\chi^2(3, N = 23,459) = 1.663, p = .645$ .

#### Child Physical Health Problems

For child physical health problems, more females than males were reported to have it as a factor that influenced their truancy. For females, 11% ( $n = 1,388$ ) were reported as yes, 33% ( $n = 4,184$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.2% ( $n = 155$ ) were reported as unsure. For males, 10.4% ( $n = 1,121$ ) were reported as yes, 33.5% ( $n = 3,610$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 1.4% ( $n = 155$ ) were reported as unsure. No significant differences were found between males and females in regards to child physical health problems,  $\chi^2(3, N = 23,459) = 4.084, p = .253$ .

#### Parent/Family Member Physical Health Problems

For parent and/or family member physical health problems, more females than males were reported to have it as a factor that influenced their truancy. For females, 4.1% ( $n = 517$ ) were reported as yes, 39% ( $n = 4,939$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 2.1% ( $n = 271$ ) were reported as unsure. For males, 4.1% ( $n = 447$ ) were reported as yes, 39.1% ( $n = 4,220$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 2% ( $n = 219$ ) were reported as unsure. No significant differences were observed between males and females in regards to parent and/or family member physical health problems,  $\chi^2(3, N = 23,459) = .418, p = .936$ .

### Basic Needs

For basic needs, more females than males were reported to have it as a factor that influenced their truancy. For females, 6.8% ( $n = 860$ ) were reported as yes, 36.8% ( $n = 4,666$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.6% ( $n = 201$ ) were reported as unsure. For males, 7.1% ( $n = 765$ ) were reported as yes, 36.5% ( $n = 3,939$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 1.7% ( $n = 182$ ) were reported as unsure. There was no significant differences between males and females in regards to basic needs,  $\chi^2(3, N = 23,459) = 1.297, p = .730$ .

### Child Behavioral Problems

For child behavioral problems, more females than males were reported to have it as a factor that influenced their truancy. For females, 14.9% ( $n = 1,892$ ) were reported as yes, 29.2% ( $n = 3,695$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.1% ( $n = 140$ ) were reported as unsure. For males, 14.7% ( $n = 1,585$ ) were reported as yes, 29.3% ( $n = 3,163$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 1.3% ( $n = 138$ ) were reported as unsure. No significant differences were found between males and females in regards to child behavioral problems,  $\chi^2(3, N = 23,459) = 1.773, p = .621$ .

### Educational Issues

For educational issues, more females than males were reported to have it as a factor that influenced their truancy. For females, 13.6% ( $n = 1,727$ ) were reported as yes, 30.2% ( $n = 3,831$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.3% ( $n = 169$ ) were reported as unsure. For males, 13.4% ( $n = 1,443$ ) were reported as yes, 30.3% ( $n = 3,274$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 1.6% ( $n = 169$ ) were reported as unsure. The analysis revealed that there was no significant

differences between males and females in regards to educational issues,  $\chi^2 (3, N = 23,459) = 2.497, p = .476$ .

#### Neglect/Abuse of Child

For neglect and/or abuse of child, more females than males were reported to have it as a factor that influenced their truancy. For females, 2.6% ( $n = 333$ ) were reported as yes, 40.8% ( $n = 5,169$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.8% ( $n = 225$ ) were reported as unsure. For males, 2.4% ( $n = 259$ ) were reported as yes, 40.8% ( $n = 4,401$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 2.1% ( $n = 226$ ) were reported as unsure. The analysis showed that there was no significant differences between males and females in regards to neglect and/or abuse of child,  $\chi^2 (3, N = 23,459) = 4.284, p = .232$ .

#### Child Criminal History

For child criminal history, almost the same number of females and males were reported to have it as a factor that influenced their truancy. For females, .5% ( $n = 65$ ) were reported as yes, 43.5% ( $n = 5,509$ ) were reported as no, 54.8% ( $n = 6,942$ ) did not check an item in this category, and 1.2% ( $n = 153$ ) were reported as unsure. For males, .6% ( $n = 62$ ) were reported as yes, 43.2% ( $n = 4,657$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item in this category, and 1.5% ( $n = 167$ ) were reported as unsure. No significant differences were found between males and females in regards to child criminal history,  $\chi^2 (3, N = 23,459) = 5.495, p = .139$ .

#### Parent/Family Member Criminal History

For parent and/or family history, more females than males reported it as a factor that influenced their truancy. For females, 5.5% ( $n = 695$ ) were reported as yes, 35.2% ( $n = 4,458$ )

were reported as no, 54.8% ( $n = 6,942$ ) did not check an item on this category, and 4.5% ( $n = 574$ ) were reported as unsure. For males, 5.3% ( $n = 568$ ) were reported as yes, 35.4% ( $n = 3,821$ ) were reported as no, 54.7% ( $n = 5,904$ ) did not check an item on this category, and 4.6% ( $n = 497$ ) were reported as unsure. No significant differences were found between males and females in regards to parent/family member criminal history,  $\chi^2(3, N = 23,459) = .694, p = .875$ .

### **Gender and Function Status**

Out of the 22,198 function status cases, 10,381 were reported as Function I (children who are identified as low risk) and 11,817 were reported as Function II (children identified as high risk). In the Function I category, 54.7% ( $n = 5,679$ ) were females and 45.3% ( $n = 4,702$ ) were males. In the Function II category, 53.5% ( $n = 6,324$ ) were females and 46.5% ( $n = 5,493$ ) were males. Data analysis reveals that there is no significant difference between gender and function status,  $\chi^2(1, N = 22,198) = 3.149, p = .076$ .

### **Children Referred and Function Status**

Function statuses were missing for 5.4% ( $n = 1,261$ ) of the cases. Characteristics of children who meet the criteria for Function I and Function II were obtained using the Risk Indicator Survey I. Each category in the Risk Indicator Survey I was analyzed with function status using chi-square statistics.

#### Defiant

In the defiant category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 8.6% ( $n = 891$ ) had one item checked on the list, 1.9% ( $n = 202$ ) had two items checked on the list, .1% ( $n = 11$ ) had three items checked on the list, and 89.4% ( $n = 9,277$ ) did not check any item in this category. For the children who met the criteria for Function II, 12.8% ( $n = 1,509$ ) had one item

checked on the list, 5.2% ( $n = 612$ ) had two items checked on the list, .4% ( $n = 43$ ) had three items checked on the list, and 81.7% ( $n = 9,653$ ) did not check any item in this category. Data analysis reveals that there is a significant difference between defiance and function status,  $\chi^2(3, N = 22,198) = 3.004, p = .000$ .

### Aggressive

In the aggressive category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 6% ( $n = 621$ ) had one item checked on the list, 2.0% ( $n = 212$ ) had two items checked on the list, .8% ( $n = 81$ ) had three items checked on the list, .0% ( $n = 4$ ) had four items checked on the list, and 91.2% ( $n = 9,463$ ) did not check an item in this category. For the children who met the criteria for Function II, 10.1% ( $n = 1,198$ ) had one item checked on the list, 4.7% ( $n = 558$ ) had two items checked on the list, 2.4% ( $n = 283$ ) had three items checked on the list, .2% ( $n = 23$ ) had four items checked on the list, and 82.6% ( $n = 9,755$ ) did not check any item in this category. Data analysis reveals that there is a significant difference between aggression and function status,  $\chi^2(4, N = 22,198) = 3.771, p = .000$ .

### Emotional Response

In the emotional response category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 10.5% ( $n = 1,087$ ) had one item checked on the list, 4.1% ( $n = 422$ ) had two items checked on the list, 1.3% ( $n = 135$ ) had three items checked on the list, .4% ( $n = 39$ ) had four items checked on the list, .1% ( $n = 6$ ) had five items checked on the list, and 83.7% ( $n = 8,692$ ) did not check any item in this category. For the children who met the criteria for Function II, 14.3% ( $n = 1,687$ ) had one item checked on the list, 6.8% ( $n = 808$ ) had two items checked on the list, 2.8%

( $n = 325$ ) had three items checked on the list, .9% ( $n = 105$ ) had four items checked on the list, .1% ( $n = 8$ ) had five items checked on the list, and 75.2% ( $n = 8,884$ ) did not check any item in this category. Data analysis reveals that there is a significant difference between emotional response and function status,  $\chi^2(5, N = 22,198) = 2.703, p = .000$ .

### Risk Taking Behaviors

In the risk taking behaviors category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 1.4% ( $n = 150$ ) had one item checked on the list, .2% ( $n = 23$ ) had two items checked on the list, .0% ( $n = 3$ ) had three items checked on the list, .0% ( $n = 0$ ) had four items checked on the list, and 98.3% ( $n = 10,205$ ) did not check any item in this category. For children who met the criteria for Function II, 2.6% ( $n = 587$ ) had one item checked on the list, .5% ( $n = 119$ ) had two items checked on the list, .1% ( $n = 16$ ) had three items checked on the list, .0% ( $n = 0$ ) had four items checked on the list, and 96.7% ( $n = 21,475$ ) did not check any item in this category. Data analysis reveal that there is a significant difference between risk taking behaviors and function status,  $\chi^2(4, N = 22,198) = 1.529, p = .000$ .

### Manipulative

In the manipulative category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children that met the criteria for Function I, 8.8% ( $n = 910$ ) had one item checked on the list, 4.2% ( $n = 441$ ) had two items checked on the list, 3.9% ( $n = 408$ ) had three items checked on the list, .1% ( $n = 10$ ) had four items checked on the list, and 83% ( $n = 8,612$ ) did not check any item in this category. For the children that met the criteria for Function II, 10.3% ( $n = 1,219$ ) had one item checked on the list, 6.8% ( $n = 798$ ) had two items checked on the list, 7.4% ( $n = 880$ ) had three items checked on the list, .3% ( $n = 34$ )



had four items checked on the list, and 75.2% ( $n = 8,886$ ) did not check any item in this category. Data analysis reveals that there is a significant difference between manipulation and function status and,  $\chi^2(4, N = 22,198) = 2.462, p = .000$ .

### Isolated

In the isolated category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 6.7% ( $n = 699$ ) had one item checked on the list, 1.2% ( $n = 122$ ) had two items checked on the list, .3% ( $n = 27$ ) had three items checked on the list, .0% ( $n = 3$ ) had four items checked on the list, and 91.8% ( $n = 9,530$ ) did not check any item in this category. For the children who met the criteria for Function II, 9.4% ( $n = 1,105$ ) had one item checked on the list, 2% ( $n = 238$ ) had two items checked on the list, .5% ( $n = 57$ ) had three items checked on the list, .0% ( $n = 4$ ) had four items checked on the list, and 88.1% ( $n = 10,413$ ) did not check any item in this category. Data analysis reveals that there is a significant difference between isolation and function status,  $\chi^2(4, N = 22,198) = 86.168, p = .000$ .

### Attention Seeker

In the attention seeker category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 10.6% ( $n = 1,097$ ) had one item checked on the list, 7.9% ( $n = 820$ ) had two items checked on the list, 3.1% ( $n = 325$ ) had three items checked on the list, .2% ( $n = 19$ ) had four items checked on the list, and 78.2% ( $n = 8,120$ ) did not check any item in this category. For the children who met the criteria for Function II, 10.4% ( $n = 1,230$ ) had one item checked on the list, 11.1% ( $n = 1310$ ) had two items checked on the list, 6.6% ( $n = 776$ ) had three items checked on the list, .6% ( $n = 74$ ) had four items checked on the list, and 71.3% ( $n = 8,427$ ) did not check any item in this

category. Data analysis reveals that there is a significant difference between attention seeking and function status,  $\chi^2(4, N = 22,198) = 2.514, p = .000$ .

### Unmotivated

In the unmotivated category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 9.8% ( $n = 1,016$ ) had one item checked on the list, 7.2% ( $n = 746$ ) had two items checked on the list, 3.1% ( $n = 319$ ) had three items checked on the list, 2.3% ( $n = 237$ ) had four items checked on the list, .2% ( $n = 22$ ) had five items checked on the list, and 77.5% ( $n = 8,041$ ) did not check any item in this category. For the children who met the criteria for Function II, 10.7% ( $n = 1,264$ ) had one item checked on the list, 10% ( $n = 1,178$ ) had two items checked on the list, 5.4% ( $n = 642$ ) had three items checked on the list, 4.7% ( $n = 561$ ) had four items checked on the list, .6% ( $n = 65$ ) had five items checked on the list, and 68.6% ( $n = 8,107$ ) did not check any item in this category. Data analysis reveal that there is a significant difference between un-motivation and function status,  $\chi^2(5, N = 22,198) = 2.939, p = .000$ .

### Unstable Home Life

In the risk taking behaviors category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 7.8% ( $n = 811$ ) had one item checked on the list, 1.9% ( $n = 194$ ) had two items checked on the list, .7% ( $n = 73$ ) had three items checked on the list, .2% ( $n = 19$ ) had four items checked on the list, .0% ( $n = 4$ ) had five items checked on the list, .0% ( $n = 3$ ) had six items checked on the list, and 89.4% ( $n = 9,277$ ) did not check any item in this category. For children who met the criteria for Function II, 11.7% ( $n = 1,378$ ) had one item checked on the list, 4.4% ( $n = 518$ ) had two items checked on the list, 2% ( $n = 232$ ) had three items checked on the list, .7% ( $n = 82$ ) had

four items checked on the list, .2% ( $n = 23$ ) had five items checked on the list, .1% ( $n = 9$ ) had six items checked on the list, .0% ( $n = 1$ ) had seven items checked on the list, and 81% ( $n = 9,574$ ) did not check any item in this category. Data analysis reveals that there is a significant difference between unstable home life and function status,  $x^2(7, N = 22,198) = 3.471, p = .000$ .

### Hyperactivity

In the hyperactivity category, there were more children with Function II ( $n = 11,817$ ) status than Function I ( $n = 10,381$ ) status. For children who met the criteria for Function I, 4.7% ( $n = 488$ ) had one item checked on the list, 2.5% ( $n = 262$ ) had two items checked on the list, .2% ( $n = 17$ ) had three items checked on the list, and 92.6% ( $n = 9614$ ) did not check any item in this category. For children who met the criteria for Function II, 6.9% ( $n = 819$ ) had one item checked on the list, 6.3% ( $n = 750$ ) had two items checked on the list, .2% ( $n = 25$ ) had three items checked on the list, and 86.5% ( $n = 10,223$ ) did not check any item in this category. Data analysis reveal that there is a significant difference between hyperactivity and function status,  $x^2(3, N = 22,198) = 2.475, p = .000$ .

## CHAPTER 6: DISCUSSION

The purpose of this exploratory study was to examine the characteristics of at risk elementary school children who are referred to the TASC program. The study sought to explore any significant gender differences in children referred to the TASC program and gender differences in services needed or common problem areas reported by truants and their families. Furthermore, the study investigated if there were any gender differences between children identified as low versus high risk.

An equal number of females ( $n = 12,669$ ) and males ( $n = 10,790$ ) were expected to be referred to the TASC program. Even though the number of females referred to the program was higher than males, the results of the current study showed that there were no significant differences between females and males. Thus, my hypothesis was consistent with the findings of the current study. Additionally, the study revealed no significant differences between males and females in regards to the risk factors identified in the Risk Indicator Survey I. The findings of the current study are not consistent with past studies that have looked at gender differences. Other studies have shown that males are more likely to participate in educational and social risk taking behaviors, such as truancy, aggression, and stealing when compared to females (Langsford et al., 1998). One reason for such differences may be the age and sample size of the two studies. The current study consisted of only elementary school children and had a sample size of  $N = 23,459$ . However, Langsford et al. had both adolescents and elementary school children in their sample and their sample size was only  $N = 24$ . Another possible explanation for this finding might be that females are displaying more aggressive characteristics compared to the past.

The current study also revealed no significant differences between males and females in regards to the type of service the children in the TASC program needed or the problem area that

is affecting their truancy. Thus, hypothesis two was not supported. However, the study revealed that more females than males were identified as having all of the following categories as a problem area that is affecting their truancy: child mental health problems, parental practice, parent/family member mental health problems, parent/family member substance use/abuse, child physical health problems, parent/family member physical health problem, basic needs, child behavioral problems, educational issues, neglect/abuse of child, and child criminal history. The only area in which more males than females were identified was for child substance use/abuse. The biggest difference between males and females in terms of the problem areas that are affecting children in the TASC program was for parental practices (Females,  $n = 1874$ ; Males,  $n = 1560$ ). The smallest difference was for child criminal history (Females,  $n = 65$ ; Males,  $n = 62$ ). Unlike the researcher's prediction, neglect/abuse of child was not one of the leading problems that interfered with the child's truancy, especially among girls, as hypothesized.

In the present study, child behavioral problems, educational issues, and parental practices were identified as the leading risk factors of truancy, which partially supports hypothesis three. These findings are similar to those of previous studies. For example, Epstein and Sheldon (2002) and McCluskey et al. (2004) found that families have a major impact on student truancy, especially due to a lack of effective parenting skills. Educational issues such as weak academic achievement were seen as risk factor in the study by Henry (2007) and Jenkins (1995). The current study found child behavioral problems, such as aggression as a leading risk factor of truancy. This finding is consistent with other studies. For example, Risi et al. (2003), Kupersmidt and Coie (1990), and Cairns et al. (1989) found that aggressive behaviors are good predictors of educational outcomes such as truancy.

Child criminal history and child substance abuse categories were least likely identified as a problem contributing to truancy for males and females. These items were not reported as often as others maybe due to the age of the sample in the current study. One possibility is that children in elementary school are less likely than older children to engage in criminal activity and use substances (Hallfors et al., 2002). The study also yielded a significant difference between function status and each category in the Risk Indicator Survey. Overall, children who met the criteria for Function I were reported to have fewer factors in all 10 categories of the Risk Indicator Survey I. The results suggest that characteristics of low risk children are considerably different from high risk children. It could be that children who are identified as high risk may display more overt characteristics than children who are identified as low risk. Additionally, the current study found that no significant differences between gender and function status. Thus, hypothesis four was not consistent with the findings of this study.

These findings suggest that interventions that are specific to addressing children's behavioral problems and educational issues are key to understanding and dealing with children at risk for truancy. Additionally, interventions that focus not only on the child seem necessary when dealing with truancy. For example, lack of effective parenting practices have been identified as a leading problem that impacts the child's truancy. Therefore involving parents and caregivers in the truancy intervention process is crucial when dealing with truancy.

### **Limitations**

There are several limitations to this study. First, data analysis in this study is slightly different from the original proposal. The initial purpose of this study was to identify differences in gender for services the children in the TASC program received. However, the data used in this study were extracted from the data collected by OSSRD, and information such as the type of

service the child received was not available to review at the time of this study. Additionally, some of the items on the Risk Indicator Survey I were not available for analysis at the time of this study. There may also be limitations in the generalizability of this study. For example, student demographics such as race were disproportionately represented in the sample. The number of African Americans in the sample was substantially higher than any other ethnic or cultural groups. The low reliability scores for the categories in the Risk Indicator Survey is another limitation in the present study. The only scale that was high on reliability was the total score for the Risk Indicator Survey I scale. However, individual scale scores for each category in the Risk Indicator Survey were found to be below average in reliability.

It is also important to point out that when TASC officers or teachers reported the characteristics of the children in the TASC program, their gender biases might have been reflected in the Risk Indicator Survey I and Global Assessment tool. Also, services needed were determined using the problem areas identified in the Global Assessment tool. The actual services that children in the TASC program received were not available for the purposes of this study. Thus, the researcher implied that the service offered to the children at risk for truancy will be those that are related to the problem areas identified in the Global Assessment too.

### **Directions for Future Research**

The present study is a cross sectional study. However in the future, it may be helpful look at students in the TASC program over a period of time. Future studies can also explore character differences of those that are at low risk and high risk. Future researchers can also investigate any gender differences for different type of services children in the TASC program received. Additionally, it may also be interesting to see differences in services within each gender.

## **Social Work Implications and Conclusions**

The current study illustrates who children that are referred to the TASC program may need more services in areas related to children's behavioral problems, educational issues, and effective parenting skills than any other services, since these areas were more frequently listed as a problem affecting their truancy. School social workers play a critical role in identifying these risk factors early and possibly preventing truancy and other delinquent behaviors later in life (Teasley, 2004). School social workers can identify at risk students who display behavioral problems such as arguing with teachers, using obscene language, bullying, hitting, biting, kicking peers or teachers, stealing, lying, and lack of empathy. It is also important for school social workers to identify students who have unaddressed educational needs such as inability to read and write because these can also be early signs of truancy.

The present study also illustrates that parental practices have a major impact on the child's truancy problems. Therefore, it is equally important for school social workers to identify parents or caregivers who lack in effective parenting skills and to involve parents and caregivers in their child's education. Furthermore, it may also be effective for social workers to work closely with teachers in identifying at risk children since teachers spend more time with students. School social workers can initiate and facilitate early truancy interventions, involving all professionals that work with children in schools. The most effective truancy outcomes may be reached when working with an interdisciplinary group. Identifying at risk students can potentially prevent future negative personal and developmental outcomes (Teasley).



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## APENDIX A: RISK INDICATOR SURVEY I

ADD NEW	
Type: <input checked="" type="radio"/> Risk Indicator I <input type="radio"/> Risk Indicator II	
RISK INDICATOR SURVEY I	
Checklist Date: <input type="text"/>	Completed By: <input type="text" value="Select"/>
<b>Defiant</b>	<b>Manipulative</b>
<input type="checkbox"/> Argues with authority figures	<input type="checkbox"/> Sneaky
<input type="checkbox"/> Uses obscene language or gestures	<input type="checkbox"/> Distorts truth
<input type="checkbox"/> Other	<input type="checkbox"/> Blames others for mistakes
<b>Aggressive</b>	<input type="checkbox"/> Other
<input type="checkbox"/> Bullies/threatens/intimidates others	<b>Isolated</b>
<input type="checkbox"/> Hits/Bites peers or teachers	<input type="checkbox"/> Ignored by peers
<input type="checkbox"/> Breaks or throws object	<input type="checkbox"/> Rejected by peers
<input type="checkbox"/> Other	<input type="checkbox"/> Withdrawn
<b>Parental Attitudes</b>	<input type="checkbox"/> Other
<input type="checkbox"/> Minimizes child's problems	<b>Attention Seeker</b>
<input type="checkbox"/> Blames others for child's behavior/performance	<input type="checkbox"/> Wants teacher's undivided attention
<input type="checkbox"/> Unresponsive to attempts to make contact	<input type="checkbox"/> Causes class disruptions
<input type="checkbox"/> Other	<input type="checkbox"/> Talks at inappropriate times
<b>Emotional Response</b>	<input type="checkbox"/> Other
<input type="checkbox"/> Inappropriate response to correction	<b>Unmotivated</b>
<input type="checkbox"/> Lack of empathy	<input type="checkbox"/> No desire to learn
<input type="checkbox"/> Flat affect – just stares	<input type="checkbox"/> Not prepared daily
<input type="checkbox"/> Does not express joy	<input type="checkbox"/> Frequently has no homework
<input type="checkbox"/> Other	<input type="checkbox"/> Exhibits little curiosity
<b>Risk Taking Behaviors</b>	<input type="checkbox"/> Other
<input type="checkbox"/> Harms self intentionally	<b>Unstable Home Life</b>
<input type="checkbox"/> Sexual acting out	<input type="checkbox"/> Poor hygiene
<input type="checkbox"/> Suspected substance use/experimentation	<input type="checkbox"/> Regularly complains of hunger
<input type="checkbox"/> Risky physical behaviors	<input type="checkbox"/> Inappropriate clothing for weather
<input type="checkbox"/> Steals	<input type="checkbox"/> Suspected substance abuse by adult in home
<input type="checkbox"/> Other	<input type="checkbox"/> Chronic illness/ lack of medical care
<b>Developmental Issues</b>	<input type="checkbox"/> Lack of school supplies
<input type="checkbox"/> Sucks thumb	<input type="checkbox"/> Other
<input type="checkbox"/> Enuresis	<b>Hyperactivity</b>
<input type="checkbox"/> Sleeps at inappropriate times	<input type="checkbox"/> Can't sit still
<input type="checkbox"/> Eating problems	<input type="checkbox"/> Short attention-span for age/grade
<input type="checkbox"/> Speech/language/hearing problems	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
COMMENTS	
<input style="width: 100%; height: 30px;" type="text"/>	
<input type="button" value="SUBMIT"/>	

## APENDIX B: GLOBAL ASSESSMENT

TASC Case Management System <span style="float: right;">LOG-OUT   ADMIN</span>					
Version 1.0	DASHBOARD	PERSONAL	REPORTS	RESOURCES	SEARCH
<a href="#">Client Demographics</a>   <a href="#">Complaint</a>   <a href="#">Risk Indicator Survey</a>   <a href="#">School Information</a>   <a href="#">Attendance</a> <a href="#">Global Assessment</a>   <a href="#">Services</a>   <a href="#">IFSPA</a>   <a href="#">Petition</a>   <a href="#">Journal</a>					
<b>GLOBAL ASSESSMENT</b>					
<b>NAME</b>	<b>COMPLAINT #</b>	<b>SCHOOL</b>	<b>GRADE</b>	<b>CURRENT SCHOOL YEAR</b>	
Truant, Missy	015-28-2003-1667	BOUCHER ELEMENTARY	1	2003-2004	
Completed By: <input type="text" value="select"/>		Date Completed: <input type="text" value="8/3/2004"/>			
Please identify which of the following methods were utilized to assess the child and family. Check all that apply.					
<input type="checkbox"/> Psychosocial interview of child					
<input type="checkbox"/> Psychosocial interview of parent/guardian					
<input type="checkbox"/> Review of historical documents (e.g., school records)					
<input type="checkbox"/> Standardized assessment (e.g., BASC, POSIP/POSIT)					
Please identify any problem areas that, based on your assessment, impact the child's truancy problems.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Child Mental Health Problems</b>			
The child has been diagnosed or demonstrates symptoms of anxiety, depression or developmental issues. Examples: withdrawn, irritable, self destructive, sleep problems, sad for no reason, sexual acting out, eating problems, hyperactivity or unresponsive, not taking prescribed medications.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Parental Practices</b>			
Parent or caregiver demonstrates a lack of effective parenting skills. Examples: inconsistent, overly harsh or overly lenient discipline, lack of support for child's attachment to school, inadequate attention to nutritional needs, lack of appropriate structure such as set bedtime, mealtimes and curfews.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Parent / Family Member Mental Health Problems</b>			
Parents or immediate family members have been diagnosed or have symptoms or demonstrates symptoms of anxiety, depression, psychosis or other mental health disorder. Examples: moody, withdrawn, inappropriate discipline, lack of attention to child's needs, inappropriate response to authority (overly anxious or unconcerned), disconnected to reality, not compliant with prescribed medication.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Child Substance Use/Abuse</b>			
Child or family report substance use or abuse by child or demonstrate symptoms of substance use or abuse. Examples: Smell of alcohol or other substance, slurred speech or inappropriate behavior, child changes pattern or behavior, child's grades drop.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Parent / Family Member Substance Use/Abuse</b>			
Child or family report substance use or abuse by other family members or individuals, demonstrates symptoms of substance use or abuse. Example: Smell of alcohol or other substance, slurred speech or inappropriate behavior, inability or unwillingness to get child off to school, unmotivated to work, child changes pattern or behavior, child's grades drop.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Child Physical Health Problems</b>			
Child demonstrates the need for medical service. Examples: treatment for asthma, immunizations, vision or hearing screening, dental treatment, medical equipment, head lice, lack of access to prescribe medication.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Parent / Family Member Physical Health Problems</b>			
Caretaker is unable to meet the needs of the child due to physical health issues. Examples: Long-term illness (AIDS, cancer), short-term acute illness (hospitalization for surgery), parent caring for elderly relative.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Basic Needs</b>			
Fundamental needs of the family are not adequately met. Examples: homeless or substandard housing, insufficient food, clothing, income, lack of utilities, lack of school supplies.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Child Behavioral Problems</b>			
Child acts out in ways not appropriate to his or her stage of development. Examples: argues with teachers, uses obscene language, bullies, hits, bites, or kick peers or teachers, steals, distorts the truth, disrupts class, blames others for mistakes, lack of empathy.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Educational Issues</b>			
Child has unaddressed educational needs. Examples: child has multiple failures, child can't read, no evaluation or SBLC on record or needs to be revised and updated, child needs school social work services.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Neglect / Abuse of Child</b>			
Child has a history of involvement with the OCS or demonstrates symptoms of abuse or neglect. Suspected abuse or neglect should be reported to authorities. Examples: Child abandoned, parent not providing sufficient food, clothing, hygiene which is in their control, marks or bruises on child, child reports being hit or hurt in other ways, child sexual acting out in ways inappropriate to age, masturbating, seductive behavior, of child, observation of inappropriate behavior between adult and child.					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Child Criminal History</b>			
Child has prior delinquency or status offences. Examples: Child has prior delinquency charge (diversion, IAA, or probation) of FINS referral (informal or adjudicated).					
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown		<b>Parent / Family Member Criminal History</b>			
The child's sibling, parent or other family member has been arrested for a criminal charge. Example: any criminal offense except traffic for adults and for juveniles, both delinquency and status offence.					
<input type="button" value="SUBMIT"/>					

## VITA

Alice Joseph was born in Kerala, India, in July, 1984 to Annamma Mathew and Joseph Mathew. She lived in Kerala until the age of nine. Alice, her parents, and her brother received their visas to come to the United States in 1993. She resided in Bronx, New York, until the age of 22. Alice graduated from DeWitt Clinton High School of Bronx, New York, in 2002, and received her Bachelor of Arts in sociology and psychology from City University of New York, Hunter College, in 2006.

Upon graduating from Hunter College, Alice moved to Baton Rouge, Louisiana, to attend Louisiana State University to pursue her Master of Social Work degree. Alice was a member of the Alpha Delta Mu Social Work Honor society, National Association of Black Social Workers, and National Alliance of Mental Illness, serving as a student representative. Alice plans to pursue her doctoral studies after gaining some more clinical experience in the field of social work.