

ABSTRACT

Youth exposure to violence (ETV) is a salient issue in the United States because of the high prevalence and its association with detrimental and adverse long-term outcomes such as Post Traumatic Stress Disorder (PTSD) and Major Depression Disorder (MDD). This study focused on the relationship between exposure to violence (direct and indirect) and mental health outcomes (PTSD and MDD) among juvenile offenders. This study was a cross-sectional secondary data analysis using data obtained from baseline interviews of the Pathways to Desistance project. Analyses found Black and Hispanic youth had higher rates of ETV scores compared to White youth. Females were more likely to meet the criteria for MDD and PTSD diagnosis compared to males, although males were exposed to ETV at higher rates than females. ETV was higher among youth meeting criteria for MDD and PTSD. Being a direct victim of ETV significantly and positively predicted PTSD lifetime diagnosis. Lastly, the results showed the direct victimization variable did not significantly predict MDD lifetime diagnosis but witnessing ETV significantly and positively predicted MDD diagnosis. This research's findings highlight the high prevalence of ETV and how the different forms of ETV can lead to different outcomes.

BACKGROUND & PURPOSE

Significance of Study

- 92.5% of youth offenders have experienced at least one traumatic event yet there is a lack of trauma informed care (TIC) services and no consensus of the TIC definition
- Violence-induced trauma doubles the risk for MDD and triples the risk for PTSD

Purpose of Research

- Create knowledge about the health and overall wellness of juvenile offenders and focus on the relationship between ETV (direct and indirect) and mental health outcomes (PTSD and MDD)

Research Questions

- What is the relationship between exposure to violence and mental health (PTSD and MDD) among juvenile offenders?
- Is there a difference in the impact of indirect violence or direct violence and mental health?

Hypotheses

- Increased exposure to violence increases PTSD and MDD symptomology
- Direct exposure to violence increases PTSD and MDD likelihood compared to indirect exposure to violence

Mental Health and Juvenile Offenders

- An estimated 60% to 70% of juvenile offenders meet criteria for a mental health problem compared to approximately 20% of youth in the general population. PTSD and MDD diagnosis is common
- Exposure to violence (ETV) can be experienced directly as a victim or indirectly as a witness and can occur in different contexts such as at home, school, or community. ETV is common, with 60% of youth being exposed to at least one form of violence directly or indirectly

Witnessing Violence Compared to Direct Violence

- Direct victimization may have a more substantial impact on youth's mental health than witnessing violence. However, the type of direct victimization and its severity also make a difference regarding impact

Exposure to Violence and Juvenile Offenders

- Majority of trauma experienced by juvenile offenders is violence induced and involves direct victimization or indirect witnessing
- ETV is likely a critical risk that might lead to juvenile delinquency

METHODS

Research Design and Data Collection Procedures

- This study was a cross-sectional secondary data analysis using data obtained from baseline interviews of the Pathways to Desistance project (sample size n = 1,354) (Pathways).
- Data was collected from baseline interviews that were broken into two, 2-hour sessions. The interviews were completed on laptop computers. The interviewer and the participants sat side by side in order for both to have screen visibility.

Sample and Sampling Method

- The Pathways study sample consisted of adolescent offenders who committed serious offenses but were also diverse enough to explore better the impact of interventions, life changes, and sanctions.
- The participants were recruited utilizing the convenience sampling method and were selected by reviewing court files in Philadelphia, Pennsylvania, and Phoenix, Arizona of youth who were adjudicated or found guilty of a serious offense.

Measures

- Exposure to violence (ETV) was the independent variable of the current study. The EVT Inventory documented the types of violence the adolescent had both witnessed and experienced. In total, the document asked about 17 different situations relating to violence.
- The Composite International Diagnostic Interview (CIDI) was utilized to measure the dependent variables of PTSD and MDD
- Demographical variables that are associated with ETV likelihood were also considered such as ethnicity, gender, age, family structure, school enrollment, gang involvement, and parents education level

RESULTS

Demographic Variables & Descriptive Statistics of Study Variables

Demographics	n	%
Gender		
Male	1170	86.4
Female	184	13.6
Ethnicity		
White	274	20.2
Black	561	41.4
Hispanic	454	33.5
Other	65	4.8
Variables		
Exposure to Violence Victim score	1.58	1.457
Exposure to violence Witnessed score	3.77	1.956
Exposure to Violence Total score – witnessed plus victim	5.34	2.994
Posttraumatic Stress Disorder Diagnosis (Lifetime)		
No	1242	93.5
Yes	87	6.5

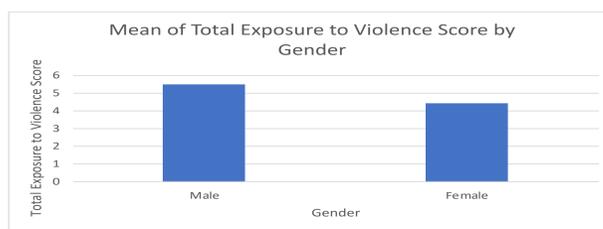


Figure 1. T-Test Comparison between Total Exposure to Violence Score and Gender

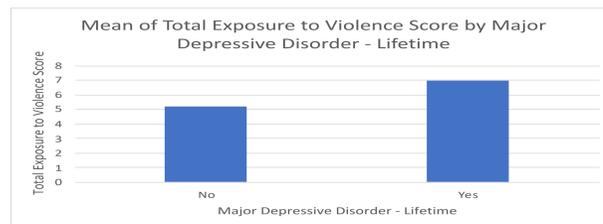


Figure 2. T-Test Comparison between Total Exposure to Violence Score and MDD Diagnosis

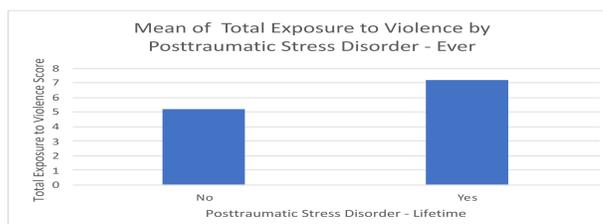


Figure 3. T-Test Comparison between Total Exposure to Violence Score and PTSD Diagnosis

Bivariate Analysis

- The mean total ETV score of males (M=5.49, SD = 2.99) was significantly higher from the mean score of ETV of females (M = 4.40, SD = 2.87). (Figure 1)
- The mean ETV score of participants not meeting criteria for MDD over the lifetime (M=5.23, SD= 2.97) was significantly different from the mean ETV score of participants who did meet MDD criteria (M=6.95, SD=2.81). (Figure 2)
- The mean ETV score of participants not meeting criteria for PTSD (M=5.22, SD= 2.96) was significantly different from the mean ETV score of participants who did meet PTSD criteria (M=7.23, SD= 2.91). (Figure 3)
- A significant association was found for the frequency of meeting criteria over the the lifetime for MDD in males and females. Females were significantly more likely to have met the criteria for an MDD diagnosis, 12.3%, compared to 6.6% of males.
- A significant association was found for the frequency of meeting criteria over the the lifetime for PTSD in males and females. Females were significantly more likely to have met the criteria for a PTSD diagnosis, 13.4%, compared to 5.5% of males.

Logistic Regression

- Direct victimization and witnessing exposure to violence significantly predicted PTSD lifetime diagnosis (Table 1)
- Direct victimization variable did not significantly predict MDD lifetime diagnosis (Table 2)
- Witnessing exposure to violence significantly and positively predicted MDD lifetime diagnosis (Table 2)

Table 1. Results of Multiple Logistic Regression Analyses Predicting PTSD Among Juvenile Justice Involved Youth

Variable	B	SE	Sig.	Exp(B)
Witnessed Score	.171	.078	.029*	1.19
Victim Score	.325	.087	.000**	1.38

Table 2. Results of Multiple Logistic Regression Analyses Predicting MDD Among Juvenile Justice Involved Youth

Variable	B	SE	Sig.	Exp(B)
Witnessed Score	.269	.073	.000**	1.31
Victim Score	.129	.080	.109	1.14

Note. *p < .05. **p < .01.

DISCUSSION

Summary of Findings

- The study found Black and Hispanic youth had higher rates of ETV scores compared to White youth. Previous research shows minorities such as the Black community and youth from immigrant backgrounds are more likely to experience ETV because they might live in disadvantaged neighborhoods where violence is more prevalent
- Results indicated females were more likely to meet the criteria for MDD and PTSD diagnosis. This finding is also consistent with previous research that suggests the lifetime prevalence of MDD and PTSD is higher among women than men. An explanation for this could be that women might be exposed to higher impact trauma at younger ages, such as sexual abuse.
- Men are exposed to ETV at higher rates than women which is consistent with previous research. This could be because men tend to use violence and aggression as means to express emotion and distress.
- Results indicated ETV was higher among youth meeting criteria for MDD and PTSD. Prior research suggests both forms of ETV are positively correlated with PTSD and MDD
- Being a direct victim of exposure was more likely to predict a PTSD diagnosis than witnessing violence.
- Participants with higher levels of witnessing ETV were more likely to have an MDD lifetime diagnosis. This could be because victims might have close ties with the perpetrators and may witness violence towards other family members, which may foster feelings of hopelessness and depression over time

Limitations

- Data utilized was cross-sectional, which limits causal inferences between ETV and mental health outcomes
- Data utilized differentiated between direct and indirect ETV, but did not differentiate between violence in different settings or whom the participants witnessed violence against. These factors are essential in defining ETV and understanding why some individuals may develop PTSD instead of MDD when exposed to violence.

Practice and Policy Implications

- Understanding the difference between direct and indirect ETV is vital because they are both independent risk factors with different possible outcomes.
- Having a better understanding of ETV and its impact can strengthen understanding of overall youth development, not just for incarcerated youth.
- Increasing our understanding of trauma is imperative to explore and create a trauma-informed system and unified conceptualization and operationalization
- There is a need for policy to be implemented that designs all systems dealing with welfare to be tailored to trauma
- Juvenile justice and related settings should implement trainings that teach front line staff to recognize trauma reactions among youth and be trained in specific skills for responding to trauma reactions such as de-escalation and engagement strategies.
- Implementing Policy to develop a consensus-based definition of Trauma Informed Care