

ABSTRACT

- This study examined the correlation between juvenile offenders who are exposed to violence and an increase in mental health diagnosis, more specifically depression.
- This study used secondary data from a longitudinal study containing 1354 participants (N=1354), 654 participants.
- The participants were juvenile offenders between the ages of 14-19 the first time they committed an offense.
- The data from the original study was collected using interviews with collateral reporters and official record information (i.e., FBI records of arrest, Juvenile and adult court records from each jurisdiction).
- Exposure to violence was divided into three categories: witnessed, victim and witnessed plus victim
- These findings are discussed in relation to the available mental health services provided to the juveniles who have been exposed to violence and experience clinical depression.

INTRODUCTION

Purpose of the Study

To bridge a gap within the literature combining mental health and exposure to violence among juvenile offenders.

Research Question

What is the correlation between juvenile offenders who are exposed to violence and depression?

Hypothesis

Exposure violence puts juvenile offenders at higher risks for depressive symptoms.

LITERATURE REVIEW

- United States is the developed country that hold the largest amount of juvenile delinquents, it is important to note that it is African American, Hispanic, and Native American youth who are more likely to be incarcerated (Barr, Hanson, Begle, Kilpatrick, Saunders, Resnick, & Amstadter, 2012; Snyder, Sickmund, National Center for Juvenile Justice, & United States, 2006).
- Recent research found that when there is witnessed violence, it seems to be correlated with more internalized issues and increased levels of delinquent behavior (Barr et al., 2012).
- After an assessment of youth incarcerated it was found that over 80 percent of the youth that are incarcerated display anger management issues, 71 percent of the youth indicated they were experiencing different emotional issues, over 60 percent indicated that they experienced anxiety-related symptoms, almost 60 percent also indicated they experienced depressive symptoms, 27 percent stated they had suicidal ideation, and 21 percent indicated having had attempted suicide in the past. (Snyder, Sickmund, National Center for Juvenile Justice, & United States, 2006).
- According to the Shared Justice Organization the U.S. holds a current juvenile justice system in need of adequate mental health services for juvenile offenders (2020).

METHODS

Research Design

- The present study uses secondary data for analysis, utilizing results and data collected from the Pathways to Desistance study. Although the original study, Pathways to Desistance, is a longitudinal and multi-site study that followed the cases on approximately 1,354 adolescents from 2000-2010, the present study is a cross-sectional study using only the baseline interviews and assessments (2000-2003) for analysis.
- In order to obtain data and information the study conducted interviews and assessed participants in different domains including their experience in the juvenile court system, their mental health, psychological development, behavior, and social relationships (Mulvey, 2016).
- The present study will utilize the data from the Pathway to Desistance baseline to analyze the correlation between juvenile offenders and the exposure of violence and depressive symptoms.

Sample

- The present study looks at adolescents considered juvenile offenders as evidenced by having been convicted of an offense as a minor (18 years or younger).
- Pathways to Desistance used convenience sampling, indicated that data collected were from participants from two different court systems, 654 of whom from the court system in Maricopa County (Phoenix) Arizona and 700 we're from Philadelphia County, Pennsylvania court system (Mulvey, 2016).
- In order to be part of the study the adolescents had to be considered juvenile offenders and have had to be between the ages of 14 and 18 when they committed the offence

Data Collection

- The data from the original study was collected using interviews with collateral reporters and official record information (i.e., FBI records of arrest, Juvenile and adult court records from each jurisdiction).
- Interviews were aimed to be comprehensive covering six major areas (i.e., (a) background characteristics (b) indicators of individual functioning (c) psychosocial development and attitudes (d) family context (e) personal relationships and (f) community context.

Measures

- Exposure to violence was divided into three categories: witnessed, victim and witnessed plus victim.
- The Exposure to Violence Inventory (ETV; Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998) was used and modified in the Pathways to Desistance study in order to assess for experienced violence among participants.
- In order to assess for frequency of witnessed violence there were 7 questions (e.g., "Have you seen someone else being raped, an attempt made to rape someone or any other type of sexual attack in the past N months?").
- In order to assess for experienced violence there were 6 questions (e.g., "Have you been chased where you thought you might be seriously hurt in the past N months?"). A high score indicates more exposure.
- In order to measure depressive symptoms the original study used the Brief Symptom Inventory (BSI), (BSI; Derogatis & Melisar, 1983) which is a 53-item self-report questionnaire.

RESULTS

- Three Chi-square tests were conducted in order to look for the association between Exposure to violence and Depression that is clinically significant, Witness to violence and Depression that is clinically significant, and both Exposure to violence and witness of violence and Depression that is clinically significant.
- The results indicated:
 - a statistical significance/relation between exposure to violence and clinical depression $X^2 (6) = 43.91, p=0.00$.
 - There was also a statistical significance/relation between exposure to violence and clinical depression $X^2 (7) = 26.567, p=0.00$.
 - Lastly, there was a statistical significance/relation between exposure to violence and clinical depression $X^2 (13) = 58.726, p=0.00$.

Descriptive Demographics (N=1354)

Characteristic	f (%)	Characteristic	f (%)	Mean (SD)
Gender		Age		16.04 (1.143)
Male	1112 (86.8)	14	162 (12.0)	
Female	169 (13.2)	15	255 (18.8)	
Ethnicity		16	412 (30.4)	
White	274 (20.2)	17	413 (30.5)	
Black	561 (41.4)	18	111 (8.2)	
Hispanic	454 (33.5)	19	1 (.1)	
Other	65 (4.8)			
Study Site Location				
Phoenix	654 (48.3)			
Philadelphia	700 (51.7)			

Exposure to Violence and BSI: Depression Clinically Significant

Exposure (Victim score)	Not Clinically Sig. (%)	Clinically Sig. (%)	X ²	df	Significance
0	96.9	3.1	43.915	6	0.00*
1	91.5	8.5			
2	91.5	8.5			
3	90.4	9.6			
4	88.0	12.0			
5	83.3	16.7			
6	0	2.1			

Note: p < .05
The results indicate a statistical significance/relation between exposure to violence and clinical depression $X^2 (6) = 43.91, p=0.00$

DISCUSSION

- Implications of the major finding for social work policy include funding for mental health services within the juvenile justice system, adequate assessments for juvenile offenders, and appropriate mental health services.
- Based on the findings of this research, juvenile offenders within the system who have been exposed to violence, whether that be witnessed or experienced, have a correlation with significant clinical depression.
- The next step would be to provide adequate assessments to juvenile offenders within the juvenile justice system have in order to see what percentage of the population has ever witnessed or experienced exposure to violence.
- Future policies may be to expand the mental health services within the juvenile justice system in order to address trauma, depression, or other mental health issues, increasing healthy coping skills.
- The findings of this research pose the question, are mental health services being valued as much as they should be within the juvenile justice system.
- Future policies should value the importance of mental health providers within the justice system, funding for adequate assessment, and resources for juvenile offenders, especially those who have been exposed to violence within the trajectory of their lives.
- The implications of the major findings for social work practice includes advocacy, competence, and adequate services within the juvenile justice systems.
- Social work providers need to advocate for more thorough mental health assessment for juvenile offenders within the justice system
- Lastly, social workers should know the impact that exposure to violence may have on a juvenile offender and the way they express depressive or PTSD symptoms in order to effect work with juvenile offenders in the justice systems.

Strengths and Limitations

- This study contained strengths such as its design. A longitudinal design allows researchers to see any patterns over a period of time.
- A major limitation to this study was that it was secondary data. In the future, it is suggested that the study be primary data, as there seems to be a gap in the research.
- This study used secondary data from the study Pathways to Desistance, which used convenience sampling, which is a method that introduces probable bias when gathering data. Convenience sampling also suggests there may be possibility for sampling error.

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