

PTSD and Criminality of Juvenile Offenders



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Abstract

Young adolescents, especially those who have been constantly exposed to violence throughout childhood have attain severe mental health diagnoses such as PTSD. The intrusive symptoms of this diagnosis leads to higher levels of aggressive or risky behaviors that increase the likelihood that these juveniles would wind-up incarcerated. The present study aimed to examine the relationship between a PTSD diagnosis and aggressive offending among juvenile offenders. The current study utilized baseline data from the Pathways to Desistance study, a longitudinal study, that purposively sampled 1,354 juveniles between the ages of 14 to 18 in Maricopa and Philadelphia Counties in order to analyze recurrent actions that lead juveniles to antisocial behaviors through self-reports. Results indicated that juvenile offenders with a PTSD diagnosis had higher levels of aggressive offending compared to those without a PTSD diagnosis. Results also demonstrated a positive and significant relationship between the count of PTSD symptoms and frequency of aggressive offending among juvenile offenders. The results of the research highlight the need for further research on the specific ways that PTSD affects the behaviors of juveniles. Stronger policies and regulations also need to be established in order for juveniles to gain the professional assistance they need both in the criminal justice system and out in the community.

Introduction

Significance of Study

- 90% of incarcerated juveniles in the U.S. have experienced or been exposed to at least one traumatic event in their lifetime.
- About 80% of juveniles who are incarcerated present with at least one mental health diagnosis and of those, 32% have a PTSD diagnosis

Purpose of Study

To explore the correlation between the symptoms of PTSD and criminal behaviors among juvenile offenders who have been exposed to traumatic life events.

Research Questions

- What are the effects of a PTSD diagnosis on the criminality of juvenile offenders, specifically aggressive offenses?
- How does the severity of PTSD symptoms effect the criminal behavior of juvenile offenders?



Hypothesis:

Juvenile offenders with a PTSD diagnosis engage in more aggressive/ severe offending than juveniles without a PTSD diagnosis.

Methods

The current study is a secondary analysis of from the Pathways to Desistance (longitudinal study) conducted in Maricopa and Philadelphia counties from November 2000 to April 2010.

Sample:

- Purposive
- White, Black, Hispanic, Other (N=1,354)

Data Collection:

- Interviews, court records

Measures:

- IV: PTSD diagnosis (yes/no) & count of PTSD symptoms
- DV: Proportion and frequency of aggressive offending

Statistical Analysis:

- Spearman Correlation Coefficient & Mann Whitney U-Test
- Descriptive statistics conducted for sample demographics

Results

Spearman Correlations

- Positive & significant relationship between count of PTSD symptoms and aggressive offending (frequency and proportion).

Mann Whitney U-Tests

- Significant relationship between PTSD diagnosis aggressive offending.
- Higher proportion and frequency of aggressive offending among those who had PTSD

Discussion

Correlations between findings and existing literature:

- A major risk factor for violence or aggressive offending stems from a PTSD diagnosis which results from constant exposure to violence during childhood.
- Due to intrusive symptoms of PTSD such as heightened anger, increased fight or flight, and heightened sensitivity to one's environment, rates of violent offending elevates.
- Due to the ACEs experienced in childhood, 30% of juvenile offenders meet the criteria for a PTSD diagnosis.

Strengths

- Large sample size
- Validated measures

Limitations

- Purposive sampling
- Larger male population than female
- Sole focus is aggressive offending

Future Directions

Research

- Pinpoint patterns of behaviors that decrease incarceration rates among juveniles.
- Different levels of PTSD symptoms and affects of risky behaviors among juveniles.

Practice

- Psychoeducation, community support groups, anger management classes, individual and family therapy sessions, and introductions to healthy coping mechanisms.

Policy

- New policies and regulations need to be put into place in order to advocate for better mental health services and stronger support systems for juveniles suffering from PTSD.

