



PSYCHOPATHOLOGY IN JUVENILE DELINQUENTS

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SUMMARY

In *Psychopathology in Juvenile Delinquents*, after a short presentation of the juvenile justice systems, the authors provide a global overview of the main mental health disorders usually diagnosed in the population of juvenile delinquents, with a specific focus on Attention Deficit / Hyperactivity Disorder, Learning Disabilities and Mood and Anxiety Disorders. A developmental psychopathology perspective is used and specific attention has been given to gender and ethnic / minority issues. The aim of this overview is to clarify through integration of theory and research in this field, the possible link between mental disorders and delinquent behavior of youth and therefore, present some pathways to delinquency through psychopathology. Moreover, mental health services needed in juvenile justice are described and detailed recommendations are given for the prevention strategies and the social policies needed to be developed. The final objective of the book is to propose a direction western societies could turn to in order to face the multifaceted phenomenon of juvenile delinquency.

FOREWORD

One of the greatest interests – indeed fascinations – of society today is to glimpse into the criminal mind. We search for understanding, knowledge and answers. We search for an explanation. We seek to find the bridge that links the innocence of childhood with acts of deceit, manipulation and aggression. *Psychopathology in Juvenile Delinquents* goes a long way in providing an explanation by

giving valuable and insightful information about the developmental pathway of young people involved in the criminal justice system. We know that disruptive behaviour problems and/or mental disturbance play a significant role and in the past few years practitioners have begun to respond by developing psychological interventions that aim to meet the specific needs of young people (many of whom are emotionally immature, vulnerable in some way and lack scholastic achievement) and reduce risk to society (e.g. the Reasoning and Rehabilitation program for antisocial youths and adults with ADHD).

However the authors push the reader to acknowledge that the gains we have made are random and not nearly enough. The authors highlight that these youths do not “come out of nowhere”. They draw our attention to the developmental signposts that illuminate the pathway. These are not old, faded or shaded signposts. They are brilliantly lit beacons that we cannot fail to miss. The authors provoke us to move away from a passive acceptance that in western societies we respond reactively and, often, punitively in our dealings with youth offenders and encourage us to move towards an undertaking to act proactively and intervene at the first signposts. Why do we not? Are these signposts so brilliantly lit that we are blinded to the obvious? Are there so many signposts that we become confused, indecisive and paralysed? Or do we deliberately look the other way preferring to walk a more familiar path?

The authors identify a pathway forward and argue their case well. What is clear is that social policy is not following in the footsteps of science. What is needed is a policy of rehabilitation, treatment, education and support. This means that social agencies need to join up and work together in a meaningful way towards common goals. There has been a lot of talk and agreement but not enough action. It is inexcusable that preventions are not applied early in the cycle. The authors lay down the challenge for this to be achieved.

These authors are experts in their field. Significantly, they are scientist-practitioners in child psychology with great insight into the developmental needs of antisocial youths, practical experience in managing them and the depths to which society fails them. This thoughtful, reflective book may be small but it is an important book and powerful in its message.

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The juvenile delinquent as moral philosopher: A structural-developmental perspective. *Psychological Bulletin*, 88, 709-727. CrossRef Google Scholar. Jurkovic, G. J., & Prentice, N. M. (1977). Relation of moral and cognitive development to dimensions of juvenile delinquency. *Journal of Abnormal Psychology*, 86, 414-420. CrossRef Google Scholar PubMed. Kegan, R. G. (1986). Hypothetical versus real-life moral reasoning among psychopathic and delinquent youth. *Development and Psychopathology*, 1, 91-103. CrossRef Google Scholar. Turiel, E. (1977). Conflict and transition in adolescent moral development II: The resolution of disequilibrium through structural reorganization. Juvenile delinquency, also known as "juvenile offending", is the act of participating in unlawful behavior as a minor or individual younger than the statutory age of majority. For example, in the United States of America a juvenile delinquent is a person who is typically below 18 (17 in the states of Georgia, New York, Michigan, Missouri, North Carolina, New Hampshire, Texas, and Wisconsin) years of age and commits an act that otherwise would have been charged as a crime if they were an adult Psychopathology, Psychosocial Characteristics, and Family Environment in Juvenile Delinquents. Article. Jan 2003. Julia Baryluk. This study examined the relationship between social class and self-reported various juvenile delinquent acts in Ankara, the capital of Turkey. Data included 1,710 high school students using a two-stage stratified cluster sample. Such uncommon measures of social class as students' perceptions of their family economic status, the type of place where middle school was finished, home ownership, and car ownership were employed as well as often used measures of social class. Juvenile delinquency, Child psychopathology, Delinquency juvenile, Enfants, Adolescent Psychology, Juvenile Delinquency, Psychopathology, Adolescent, Jugendkriminalität, Psychologie. Publisher. New York : Basic Books.

Are juvenile delinquents likely to become adult criminals? Historically, professionals have proposed a number of factors that theoretically explain delinquent behavior. Each theory represents the height of scientific understanding in each era. Juveniles who traffic in drugs are by definition delinquents or criminals (if prosecuted in the criminal justice system). A good deal of juvenile drug dealing is conducted by street gangs. Some gangs have become known as so-called drug gangs because of their heavy involvement in the drug trade. Psychopathology. Indicators of Deviance. Weak superego Incomplete personality. Juvenile delinquents very often come from impoverished environments, not only in an economic sense but also in an intellectual and emotional sense. Personal relations within the family are often poor, either actively hostile or casual and diluted. The homes of delinquents are often barren and their neighborhoods short on facilities for constructive out-of-school occupation. School itself seldom provides satisfactory outlets or experiences of success for the delinquent. It is possible that. Compared with juveniles whose delinquent behavior begins later in adolescence, child delinquents (offenders younger than age 13) face a greater risk of becoming serious, violent, and chronic juvenile offenders. Compared with juveniles who start offending in adolescence, child delinquents (age 12 and younger) are two to three times more likely to become tomorrow's serious and violent offenders. This propensity, however, can be minimized. Psychopathology convened by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), has concluded that juveniles who commit serious and violent offenses most often have shown persistent disruptive behavior in early childhood and committed minor delinquent acts when quite young. Psychopathology in juvenile delinquents. January 2010. Publisher: Nova Publishers. Nowadays, an alarming number of juveniles all over the world find themselves implicated in the juvenile justice system and a great number of them are incarcerated in detention centers or even in jails for adults. The mean age of these youth has lowered dangerously, the percentage of delinquent females has increased dramatically, and the number of minority juveniles within this population has become unjustifiably high. The majority of these young people has diagnosable mental disorders, including substance abuse, learning disorders, ADHD, conduct disorder, anxiety and mood disorders, at rates m