

Social and mental health profiles of young male offenders in detention in Greece

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ABSTRACT

Background *Among young offenders, mental health problems have been linked both to more serious delinquent acts and to high recidivism rates, but there has been little study of this in Greece.*

Aims *The aims of this study were to describe demographic and family characteristics of young incarcerated male offenders, to determine the prevalence of mental disorders among them and to compare native Greeks with immigrants on these variables.*

Methods *Ninety-three young males, randomly selected from the three main juvenile detention facilities in Greece, completed the Greek version of the Youth Self Report (YSR); the institutions' social workers completed a questionnaire designed for the study on the youths' demographics and offending.*

Results *Results revealed over-representation of immigrants, high levels of psychosocial adversity (large family size, low parental educational level, poverty and family offending history) and high prevalence rates not only of externalizing disorders, such as conduct disorder, but also internalizing disorders, including anxiety, depression and somatizing problems.*

Conclusions and practice implications *Young males in Greek correctional institutions need support at many levels, and especially for mental health problems. This will have implications for staff training and juvenile justice system reform. Copyright © 2008 John Wiley & Sons, Ltd.*

Introduction

Over the last decade, juvenile and young adult delinquency has gained research attention in many countries, partly due to an increase in crimes committed by

juveniles. This rise is also evident in Greece (Papageorgiou and Vostanis, 2000).

Better understanding of juvenile delinquency is essential as it is closely related to adult criminality. Recidivism rates among juveniles are high, and some are prone to develop long-term patterns of criminal behaviour (Wierson et al., 1992). To date, studies have consistently related juvenile offending behaviour to psychosocial adversity, including low parental educational level and parental criminality (Dixon et al., 2004; Maniadaki and Kakourou, 2007; Tsalkanis et al., 2005, 2006).

In Greece, a factor that has been related to juvenile delinquency in recent years is immigrant status. Over the last decade, Greece has received growing numbers of immigrants, 65% of whom were Albanians. Many of them are illegal, financial immigrants and live in poor conditions, as they are not entitled to social security benefits (Livaditis et al., 2000). Possibly as a result, it is estimated that around 7% of the reported crime for juveniles concerns immigrants (Spinellis and Tsitsoura, 2006).

Mental disorders, as defined in the American Diagnostic and Statistical Manual (DSM-IV) (American Psychiatric Association, 1994), constitute another factor proposed as predicting both delinquency and recidivism (Wierson et al., 1992). The increase in juvenile delinquency has been accompanied by large increases in the rate of admission to child mental health services (Loeber, 1990). Several studies provide mental disorder prevalence estimates in delinquent populations of between 53% and 77% (Atkins et al., 1999; Teplin et al., 2002). In a review of 32 studies which assessed the prevalence of mental disorders among youths in juvenile detention, Otto and his colleagues (1992) reported rates between 50% and 90% for conduct disorder, 25% and 50% for substance abuse disorders, 2% and 46% for personality disorder, and 1% and 6% for psychotic disorders.

In Greece, an increase in the number of young offenders referred to psychiatric services has also been reported (Papageorgiou and Vostanis, 2000). By 'young offenders' we refer to juveniles and young adults detained in a Correctional Centre by the Greek Juvenile Court. In Greece, age of criminal responsibility is 13 years; the sentencing options then are either the implementation of educative measures or detention in a special institution [see Spinellis and Tsitsoura (2006) for more information].

Studies which may add to the understanding of such youths are needed (Robertson et al., 2004) to assist the development of effective social policy programmes and adequate mental health services, but in Greece the prevalence and types of mental health problems within this population have not yet been adequately determined.

The aims of our study were three-fold: (a) to describe the demographic and family characteristics of young males held in the Greek juvenile justice system, (b) to determine the prevalence of mental health problems of this population, (c) to compare Greek and immigrant young males on the above variables.

Methods

Participants

Ninety-three males, aged 13–24 years, [mean age = 19.29; standard deviation (SD) = 2.83] participated in the study, of 105 approached. The 105 were the complete resident cohort at the time of recruitment at the three main Correctional Centres for male juvenile offenders aged 13–18 in Greece: (a) Volos Education Institution for Male Minors (14%), (b) Special Juvenile Detention Facility for Males in Avlonas (33.3%), and (c) Special Juvenile Detention Facility of Kassavetia (52.7%). Detention in these institutions can be imposed on youths aged 13 to 18 years when the Juvenile Court considers that a penal sanction is necessary to deter them from re-offending. However, young adults are also held in these facilities if they had committed an offence before the age of 18 and are tried later, due to administrative delays, or for the purpose of completing a vocational programme (Spinellis and Tsitsoura 2006).

Measures

Two questionnaires were used:

- (1) An 18-item questionnaire constructed by the authors for rating information about demographic and family characteristics, and offending history.
- (2) The Greek version of the Youth Self Report (YSR; Achenbach, 1991), as translated and standardized by Roussos et al. (2001). The YSR is a self-report questionnaire for 11–18 year-olds for the assessment of adolescent competencies and behaviour problems. Its second part, used in this study, contains 112 items rated on a three-point scale: 0 = not true, 1 = somewhat true, 2 = very true. The ratings yield eight syndromes, two summary scales – the internalizing and externalizing scales – as well as a total problem score. The eight syndromes are: withdrawn, somatic complaints, anxious/depressed, (together constituting the *internalizing scale*), delinquent behaviour, aggressive behaviour (together constituting the *externalizing scale*), social problems, thought problems, and attention problems. Participants over the age of 18 completed the Young Adult Self Report (YASR; Achenbach, 1997), which is the equivalent of the YSR for ages 18–30. The reliability of the YSR is strongly supported by a great number of international studies [c.f. Ivarsson et al. (2002) for a comprehensive list].

Procedure

Permission to carry out the investigation was granted by the Ministry of Justice. Details of the procedure were determined by the Social Service of each institution. Participants were assured about confidentiality and were informed about

the aims of the study. Only participants who consented to participate and had a good understanding of the Greek language were included. Of the 12 persons not included in the study, two refused participation, while the rest (10) could barely understand the Greek language as they had lived in Greece from just 1–3 months. Consent was oral, but given both by the participants and the social worker responsible for them. The first questionnaire was completed for each participant by the institution's social worker. The YSR was completed by the participants themselves, on an individual basis, in the presence of one of the researchers and the social worker who read aloud and explained the questions, whenever needed.

Results

Demographic characteristics

The majority ($n = 67$, 72%) of the participants were Greeks and the remaining 26 (28%) were immigrants. Fifteen (57.7%) of the latter were Albanians while the rest originated from Romania, Russia, Ukraine and Iraq. Almost half of the sample ($n = 41$) was born in the capital city or another big town, the remainder having been born in a small regional town or a village. Immigrants were more likely to have been born in their country's capital ($n = 20$, 76.9%) compared to Greeks born in Athens ($n = 21$, 31.3%) ($\chi^2 = 27.79$, $p < 0.001$).

Family characteristics

Most of the participants ($n = 56$, 60.2%) came from large families, and had at least three brothers or sisters. More than half of the participants' parents ($n = 53$, 57% of mothers; $n = 52$, 60.5% of fathers) were totally illiterate or of very low educational level. Illiteracy was, however, more common in Greek mothers ($n = 31$, 46.3%) compared to the mothers of immigrants ($n = 2$, 7.7%) ($\chi^2 = 28.90$, $p < 0.001$). There was a similar difference for fathers (native Greek $n = 22$, 35.5%; immigrant $n = 1$, 7.1%).

The family's economic situation was very bad for 35 (37.7%) of the families, moderate for 35 (37.6%) and good for 23 (24.7%). Thirty-seven (39.9%) of the participants were from families in which other members had a criminal history.

Offending history

The mean age of the participants at first offence was 13.71 years ($SD = 3.32$). The mean duration of their detention up to the time of the research assessment was 16.96 months ($SD = 16.32$). The most common index offence was theft, with or without other offences ($n = 44$, 47.3%), followed by drug related offences ($n = 10$, 10.8%), violence, ($n = 9$, 9.7%) and damage to property ($n = 1$, 1.1%). Over a

quarter ($n = 26$, 28%) had been convicted of two or more offences and three (3.2%) were convicted of other offences.

Mental health problems

The number and proportions of participants scoring in the normal, borderline or abnormal range on each of the 11 YSR scales is shown in Table 1. According to this scale, over three-quarters of the participants had an overall rating indicative of significant mental health problems, but only three of them had received a formal diagnosis according to DSM-IV. Externalizing (76.3%) and internalizing (72%) clusters were almost equally represented. As expected, delinquent behaviour was the most frequent problem, with two-thirds of the group showing this, but over half the sample also had withdrawal behaviours, over 40% had depressive and anxious behaviours, and a quarter had attentional problems. Although the remaining problems measured were present in fewer of the youths, still the rates appeared higher compared to the general population (Friedman et al., 1996; Lekkou et al., 2006).

Table 2 shows that, on the whole, Greek natives and immigrants had similarly high rates of mental health difficulties, but the Greek natives showed higher rates of thought and attention problems.

Discussion

Although the majority of our sample were native born, 28% were from immigrant families. This is a considerable over-representation. The age adjusted proportion

Table 1: Ratings on the YSR scales for the total of the participants

YSR scales	Normal		Borderline		Abnormal		Total
	<i>f</i>	<i>rf</i>	<i>f</i>	<i>rf</i>	<i>f</i>	<i>rf</i>	<i>rf</i>
Anxious/depressed	35	37.6	18	19.4	40	43.0	100
Withdrawn	22	23.7	21	22.6	50	53.8	100
Somatic complaints	77	82.8	4	4.3	12	12.9	100
Social problems	62	66.7	12	12.9	19	20.4	100
Thought problems	66	71.0	10	10.8	17	18.3	100
Attention problems	52	55.9	17	18.3	24	25.8	100
Delinquent behaviour	15	16.1	16	17.2	62	66.7	100
Aggressive behaviour	43	46.2	14	15.1	36	38.7	100
Internalizing problems	12	12.9	14	15.1	67	72.0	100
Externalizing problems	11	11.8	11	11.8	71	76.3	100
Total problems	11	11.8	8	8.6	74	79.6	100

Table 2: Ratings (means) on the YSR scales for Greek and immigrant young offenders

YSR scales	Greek (n = 67)		Immigrants (n = 26)		t
	Mean	SD	Mean	SD	
Anxious/depressed	68.40	9.49	65.85	9.03	1.18
Withdrawn	69.55	9.59	70.35	9.19	-0.36
Somatic complaints	58.37	7.56	58.62	7.28	-0.14
Social problems	63.22	9.20	62.33	6.58	0.50
Thought problems	63.21	11.00	58.92	6.43	2.34**
Attention problems	66.16	12.02	60.23	8.01	2.76*
Delinquent behaviour	74.57	9.05	71.92	8.84	1.27
Aggressive behaviour	68.07	11.87	63.00	9.15	1.96
Internalizing problems	67.55	8.24	67.08	7.18	0.26
Externalizing problems	71.72	8.92	67.96	8.49	1.89
Total problems	68.99	8.09	66.85	5.88	1.23

Note: Alpha corrected for multiple tests following a Bonferroni test; df for t-tests = 91.

**Significant at $p < 0.01$.

*Significant at $p < 0.05$.

of the wider Greek community who are immigrants is 9%. There are at least two major possible explanations. First, immigrants often exist in the margins of society and economy and have little chance of success in the framework of the existing legal order (United Nations, 2003). Secondly, native populations tend to perceive immigrants as, by definition, more deviant, so juvenile justice officers may be prejudiced and impose penal sanctions more easily on this population (Kakouros and Maniadaki, 2007).

The other main demographic findings of this study are consistent with other studies which link juvenile delinquency with high levels of psychosocial adversity [see Loeber (1990) for a review]. Large family size, low parental educational level, poverty and family history of offending were all characteristic of our sample. The fact that immigrants came from families living in big cities in their countries and with better educational level than the Greeks may be an indication that family issues may be more closely linked to Greek juvenile delinquency, whereas financial factors may be more common reasons for immigrant delinquency.

Our findings with respect to mental health reinforce and amplify previous research indicating that young people in detention have high rates of mental health problems (Cocozza and Skowrya, 2000; Robertson et al., 2004). The prevalence rates for externalizing problems found in this study are consistent with the literature (Otto et al., 1992; Robertson et al., 2004). As far as internalizing disorders are concerned, several studies have documented that more than one-third of detained youth exhibit symptoms of major affective disorders (Pliszka et

al., 2000; Wierson et al., 1992). In many youths depressed mood may serve as a predictor of later delinquency as it can impair social functioning in ways that can make a juvenile more vulnerable to engaging in delinquent behaviour (Birmaher et al., 1998; Loeber, 1990).

Finally, both attention problems, which may be related to attention deficit hyperactivity disorder (ADHD), and thought problems, which may be related to psychotic states, were also present in our sample at disproportionately higher rates compared to the general population (Dembo and Schmeidler, 2003).

Despite the high consistency of our findings with other studies, there are a number of methodological limitations which need to be considered. First, we collected only self-report data regarding the participants' mental health. It is not clear how these data would differ if parent or social worker reports were collected. However, this procedure mirrored the assessment techniques that are most likely to be used in juvenile justice facilities where corroboratory evidence is usually not available. Secondly, it has been argued that general measures of psychopathology may yield unduly high estimates of mental disorder among such youths because they include items measuring conduct disorder, which occurs almost universally among youths in custody (Stewart and Trupin, 2003). The YSR has, however, been recommended for these purposes by the National Centre for Mental Health and Juvenile Justice (Grisso et al., 2001). Finally, as only young offenders who had a good understanding of the Greek language were included in the sample, it is possible that the immigrants who participated in the study were not representative of the general population of young immigrant offenders in Greek correctional facilities, which could limit the generalizability of the findings regarding the comparison between the immigrant and native born Greek population. Employing translators was beyond the scope of this study, however, only 10 of the 105 immigrants approached for participation did not speak sufficient Greek for the interview.

Despite these possible limitations, our findings could provide a basis for a more effective programme planning within the Greek juvenile justice system. Our results provide evidence that young people detained in Greek correctional settings are in need of good clinical mental health assessments, and probably treatment. Early identification and treatment of psychological maladjustment could not only improve wellbeing and reduce self-harm (Grisso et al., 2001), but also reduce recidivism and later development of adult criminal behaviour (Wierson et al., 1992). Further, it has been found that youths with mental health symptoms are more likely to receive an extraordinary sentence (longer incarceration) (Stewart and Trupin, 2003).

To conclude, we have provided further evidence for the broad agreement in countries where studies of this population have been extensive that a continuum of services, including mental health, juvenile justice, education and others, is needed for such youths, and that concentrating services at one or two special facilities is likely to be insufficient (Cocozza and Skowrya, 2000; Tsalkanis et al.,

2006). We have provided the first such evidence in Greece. Training for staff to recognize signs of anxiety, depression and suicidal tendency, is highly recommended (Timmons-Mitchell et al., 1997). Whenever possible, youths with mental health disorders should be diverted from the juvenile justice system.

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