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MENTAL AND CONDUCT DISORDERS IN THE JUVENILE JUSTICE SYSTEM

NEWSLETTER DISSEMINATION OF RESEARCH

Presentation

One of the aims of the Centre for Legal Studies and Specialised Training (CEJFE) is to foster and disseminate topical scientific issues in the field of justice and criminology. One of the means it uses to do this is the *Invesbreu* bulletin for circulating research. This issue 77 is given over to presenting three research projects that have studied the behavioural and mental health problems of young people interned in juvenile justice education centres.

The first two studies received financial support from the CEJFE, awarded following public calls for research grant applications in 2016 and 2017. By promoting these projects, the CEJFE seeks to keep open areas of research and action aimed at introducing improvements to the working processes of professionals in the realm of sentence enforcement. The third study was conducted jointly with staff of the Sant Joan de Déu Health Park working in the Els Til·lers Education Centre Therapy Unit and the CEJFE.

The first study, *Clinical and Forensic Utility of the “With Limited Prosocial Emotions” Specifier for Conduct Disorder of the DSM-5 among Young People Interned in Education Centres*, aims to validate the Clinical Assessment of Prosocial Emotions 1.1 (CAPE 1.1) tool and the newly-introduced “with limited prosocial emotions” specifier for conduct disorder according to the DSM-5 among young people in juvenile justice education centres.

The second study, *The Dark Tetrad and the Prediction of Aggressive and Antisocial Behaviour and Institutional Adaptation among Young People Interned in Education Centres*, explains aspects of human behaviour (Machiavellianism, psychopathy, narcissism and sadism) which, when present in young people, may have specific repercussions, the effects of which, both inside and outside justice education institutions, need to be observed. In addition, the researchers conducted a validation of the tools to measure it.

The third study, *Crime and Mental Illness. Study of Repeat Offending among Young People with Mental Disorders in the Catalan Juvenile Justice System* aims to look in depth at the profile of young people with mental ill-health who engage in criminal behaviour and are serving prison sentences in the Els Til·lers Education Centre Therapy Unit. Their characteristics are defined and their risk and protective factors and recidivism are studied. The results arrived at are compared with young people in the other education centres.

In all, these three studies address those aspects of a young person’s behaviour and mental health that can be found during everyday life in Juvenile Justice system centres, consider the way they can be tackled during confinement and make recommendations regarding continuity on young people’s release and follow-up by the ordinary network attending to them.

INVESBREU



Clinical and Forensic Utility of the “With Limited Prosocial Emotions” Specifier for Conduct Disorder of the DSM-5 among Young People Interned in Education Centres

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Introduction

The latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) includes in the Conduct Disorder (CD) diagnostic criteria the new specifier “with limited prosocial emotions” (LPE). This specifier is intended to identify a subgroup of children and teenagers who show a particularly severe pattern of antisocial and criminal behaviour, with a risk of their antisocial and aggressive behaviour becoming ingrained. The specifier is associated with callous-unemotional (CU) traits, regarded as precursors of the affective facet of adult psychopathy.

The challenge now is to equip ourselves with instruments that make it possible to evaluate the LPE specifier in a reliable and valid manner in order to detect these traits rigorously in various ambits (research, clinical and forensic). The Clinical Assessment of Prosocial Emotions: Version 1.1 (CAPE 1.1) is a new method currently being developed based on structured clinical judgement.

Aims

The overall aim of this research is to study the clinical and forensic utility of the LPE specifier of CD in the DSM-5, evaluated by means of the CAPE 1.1 in a population of male juvenile offenders interned in education centres (EC).

The specific aims are: 1) sociolinguistic adaptation of the CAPE 1.1 to the Catalan and Spanish languages; 2) to study the reliability between CAPE 1.1 evaluators in a male population detained in juvenile justice education centres; 3) to study the prevalences in four groups of subjects depending on the presence/absence of CD and the LPE specifier (CD+LPE+, CD+LPE, CD-LPE+, CD-LPE-); 4) to study the convergent and discriminant validity of the CAPE 1.1 in relation to measures of psychopathic traits and the Structured Assessment of Violence Risk in Youth (SAVRY) tool; 5) to study whether the CD, LPE specifier and/or interaction between the two explain differences in antisocial behaviour and in aggressive behaviour; 6) to study whether CD, the LPE specifier and/or the interaction between the two explain differences in criminological traits and adaptation to institutional surroundings.

Methodology

The final population sample consisted of 77 young males from L’Alzina EC (n = 51; 66.2%) and El Segre EC (n = 26; 33.8%) aged between 15 and 22 (AVG = 17.90; SD = 1.13).

The material used consisted of a form to collect sociodemographic and educational details, criminal record and adaptation to the centre, and an evaluation protocol that included the following instruments: the CAPE 1.1, the Inventory of Callous-Unemotional Traits (ICU), the Psychopathy Checklist: Youth Version (PCL:YV), the Youth Psychopathic Traits Inventory (YPI), the Youth Self Report (YSR), the Teacher’s Report Form (TRF), the short version of the Antisocial Behaviour Questionnaire (ABQ), the self-administered Reactive-Proactive Aggression Questionnaire (RPQ) and the SAVRY.

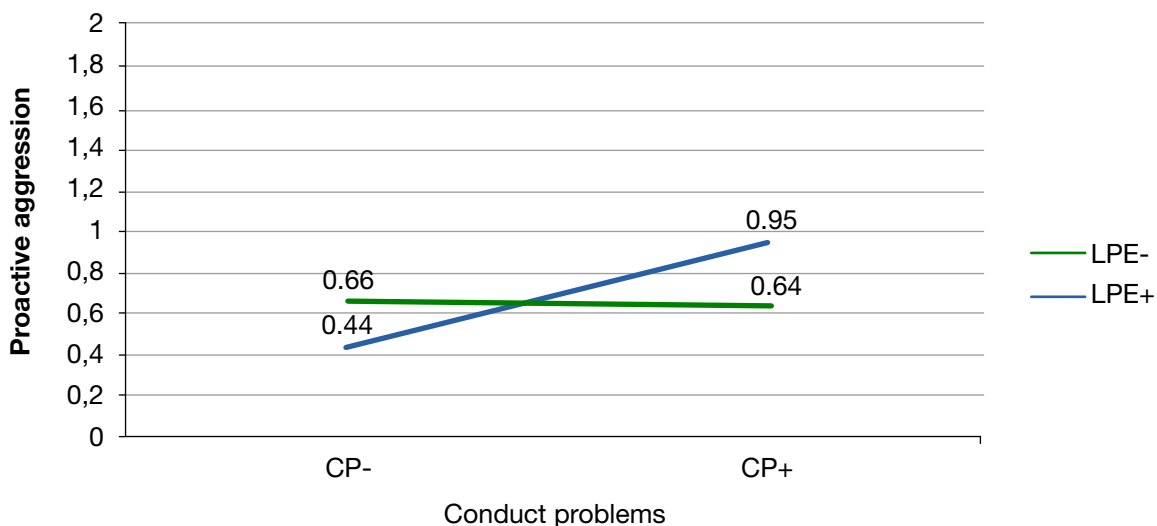
Juveniles, tutors and teachers at the education centres participated in the study. The information from the young people was collected over four sessions, two of them individual and two of them in a group. The information from tutors and teachers was collected on an individual basis. Both the CAPE 1.1 and the PCL:YV were scored by two independent evaluators (interviewer/observer).

Results

The results, in general terms, showed that:

- 1) The reliability between evaluators of the LPE specifier measured using the CAPE 1.1 is good.
- 2) The prevalences of the LPE specifier stand at between 40.9% and 65.4%.
- 3) The combination of the *presence of conduct problems* and the *LPE specifier* affects approximately 18-33% of interned youths depending on the source of information, and the combination of the *presence of conduct problems without the LPE specifier* is infrequent (7-15%).
- 4) The CAPE 1.1 is a good predictor of the presence of the unemotional trait measured using the ICU and the PCL:YV.
- 5) Young people who present more limited prosocial emotions present more risk factors, fundamentally of a socio-contextual nature.
- 6) The young people who present conduct problems (CP) and the LPE specifier present higher scores in proactive aggression and antisocial behaviour than young people who present only the specifier without conduct problems (see Graph 1).
- 7) The LPE specifier and the interaction of the LPE specifier with conduct problems do not seem to explain the criminological variables and adaptation to the education centre variables included in this study.

Graph 1. Effect of the interaction between the LPE specifier and CP on the Proactive Aggression scale



Conclusions

The CAPE 1.1 is a method at the developmental stage. This preliminary study shows promising results and supports its reliability and validity as a tool for clinically evaluating the diagnosis of the LPE specifier among juvenile offenders. It should be noted that the data obtained in this study, while necessary, are not as yet sufficient to enable the CAPE 1.1 to be used routinely in clinical and forensic practice. Consequently, it is recommended that the process for validating the instrument be continued.

The Dark Tetrad and the Prediction of Aggressive and Antisocial Behaviour and Institutional Adaptation among Young People Interned in Education Centres

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Introduction

The dark tetrad model encompasses various personality traits (Machiavellianism, psychopathy, narcissism and sadism) characterised by being offensive from the social point of view but which are subclinical and not usually extreme enough to draw clinical or forensic attention.

There is a need to devise instruments that will make it possible to measure the dark tetrad in a reliable and valid manner. The current research has focused essentially on the general and adult population and there are few studies among the young population.

Aims

The overall aim of this research was to study the ability of the dark tetrad to predict aggressive and antisocial behaviour inside and outside the juvenile justice education centre (EC) among minors and juvenile offenders serving a prison sentence.

The specific aims were: 1) to study the reliability of the internal consistency of the Spanish version of the Dirty Dozen (DD) and Short Dark Triad (SD3) short instruments and the Varieties of Sadistic Tendencies (VAST) instrument to measure sadism; 2) to study the convergent and discriminant validity of the DD, SD3 and VAST by analysing the relationship between their scales and with other tools to measure psychopathy traits such as the Psychopathy Checklist: Youth version (PCL:YV), the Youth Psychopathic Traits Inventory (YPI), the Triarchic Psychopathy Measure (TriPM) and the Inventory of Callous-Unemotional Traits (ICU); 3) to study the validity of the dark tetrad to predict criminal behaviour and the risk of recidivism; 4) to study the ability of the dark tetrad to predict antisocial and aggressive behaviour; and 5) to study the ability of the dark tetrad to predict institutional adaptive behaviour among interned young people.

Methodology

The final population sample consisted of 73 young males from L'Alzina EC (n = 47; 64.4%) and El Segre EC (n = 26; 35.6%) aged between 14 and 22 (AVG = 17.71; SD = 1.20).

The material used consisted of a form to collect sociodemographic and educational details, criminal record and adaptation to the centre, and an evaluation protocol that included the following instruments: DD, SD3, VAST, PCL:YV, YPI, TriPM, ICU, the Youth Self Report (YSR), the Teacher's Report Form (TRF), the short version of the Antisocial Behaviour Questionnaire (ABQ), the Reactive-Proactive Aggression Questionnaire (RPQ) and the Structured Assessment of Violence Risk in Youth (SAVRY).

Youths, tutors and teachers at the education centres participated in the study. The information from the young people was collected over four sessions, two of them individual and two in a group. The information from the tutors and teachers was collected on an individual basis. The PCL:YV was scored by two independent evaluators (interviewer/observer).

Results

The results, in general terms, showed that:

- 1) The internal consistency of the DD, SD3 and VAST instruments is acceptable, with the exception of the Narcissism scale of the SD3.
- 2) The Machiavellianism scales show good convergent validity and weaker discriminant validity and seem to measure a construct that is similar and slightly different to the others. In contrast, the Narcissism and Psychopathy scales show low convergent and discriminant validity.
- 3) The Machiavellianism and Psychopathy scales are related to sadism, meaning that sadistic behaviour would be more frequently found among individuals with marked Machiavellianism and psychopathy traits.
- 4) Concordance was found between the dark tetrad and other psychopathy instruments when all the instruments were answered by the youths but not if the information sources were different.
- 5) The dark tetrad does not predict criminal behaviour or the risk of recidivism among the study population.
- 6) The Psychopathy scale (SD3) and, in a complementary manner, Machiavellianism (DD) have a better, albeit low, capacity to predict antisocial behaviour.
- 7) The dark tetrad slightly predicts aggressive behaviour, especially Psychopathy (SD3), with the predictive capacity depending on the information source.
- 8) High scores for Machiavellianism predict greater difficulty adapting to institutional rules and limits.
- 9) Narcissism is not associated with antisocial and aggressive behaviour.

Conclusions

The intercorrelations observed between the dark tetrad scales show a considerable degree of overlapping (association) between them, both within each questionnaire and when analysing the correlations between the scales of the three questionnaires. This result concurs with those obtained by other researchers using these instruments, to a certain extent compromising the factorial structure of the model. The limited contribution of sadism to the model reduces the evidence of the existence of a tetrad rather than a triad. Further work on this factor structure is thus required.

With regard to psychopathy, the SD3 and DD measurement tools seem to measure constructs that are quite different to those measured using other known and tried-and-tested instruments. These brief measures need to be improved and the results of the study make it impossible to incline towards one or other of the them. Evaluation using different methodologies (self-reporting and interviews) and multiple sources of information, one of them being the young person himself, is regarded as essential for a better measurement of the dark tetrad. The internal coherence of the person being assessed may condition the results of the study.

Lastly, the characteristics of this study make it impossible to rule out the ability of the dark tetrad to predict future criminality. It is recommended that longitudinal studies be conducted.

Crime and Mental Illness. Study of Repeat Offending among Young People with Mental Disorders in the Catalan Juvenile Justice System

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Introduction

The reality of juvenile crime in our society remains a stigmatised issue, with the problem of the connection with mental disorders among this population being especially unknown. People often have the idea that young people with mental health problems are more violent and dangerous than those who do not, but there are no studies that analyse this question in depth in Catalonia.

Adolescence is a period of considerable vulnerability. Antisocial behaviour is more frequent during this time of life, gradually reducing as we grow older. The age of criminal responsibility is set at 14 in our country. During their transition to adult life, some teenagers present serious risk behaviours and, in some cases, violence, often as a way of constituting their identity. Many of these young people have grown up in adverse circumstances characterised by parental neglect, the ineffectiveness of educational guidelines and psychological and/or physical abuse. The risk of developing mental disease rises when there is a background of abuse (Wood et al., 2002; Widom and Maxfield, 2001) and the probability of suffering from a mental disorder is doubled among people in lower social classes (Report of the Síndic de Greuges de Catalunya, 2014). Moreover, half of all mental disorders first appear before sufferers reach the age of 14 (WHO, 2015). In addition, the prevalence in Spain of the consumption of cannabis and cocaine among teenagers is one of the highest rates in Europe (European Monitoring Centre for Drugs and Drug Addiction, 2012). These problems often have a knock-on effect by increasing violence, criminality and an inability to achieve adequate social integration, affecting society as a whole.

In broad terms, we have information that indicates that teenagers in the Juvenile Justice system present higher rates of mental disorders and adverse social and family circumstances than the rates found among the general population.

The research presented below is the result of our interest in gaining greater information about the profile of young people with mental illnesses and criminal behaviour who are serving prison sentences in Catalonia. The research has been carried out in conjunction with the Centre for Legal Studies and Specialised Training (CEJFE), which periodically updates rates of recidivism among minors serving judicial incarceration sentences, among others, and with the staff of the Sant Joan de Déu Health Park working in the Els Til·lers Education Centre Therapy Unit, where they provide specialist mental health and addiction care to minors serving sentences in Juvenile Justice system education centres, and have sociodemographic and clinical data, as well as other personal variables, concerning juveniles suffering from one or more mental disorders.

Aims

The aim of this research is to gain information regarding the relationship between mental ill-health, crime and recidivism among juveniles with mental health and addiction problems who engage in anti-social behaviour. The goal is to improve our knowledge of their clinical, sociodemographic and family circumstances and also of the individual and collective risk and protective factors that are correlated with recidivism among this population. The study also assesses whether there are differences between young people who present mental health problems and other teenagers in the Juvenile Justice system in Catalonia.

Methodology

The **study population** consisted of all the young people who completed a judicial sentence at the Els Til·lers Education Centre Therapy Unit between 2010 and 2013 (N=81).

The **data was collected** by means of the following actions:

- Computerised extraction of descriptive data from the Juvenile Justice Information System (JJSI) in Excel files: personal variables, criminal background variables, penal variables, programme variables¹ and incidents while completing their sentence.
- Computerised extraction of the SAVRY² data (held in the JJSI) in Excel files. The SAVRY is a semi-structured risk assessment tool used to evaluate the risk and protective factors presented by young people in response to the possibility of committing a crime.
- Computerised extraction of specific descriptive clinical, social, personal and family data held by the internal administration of the Els Til·lers Education Centre Therapy Unit, as well as the results of the clinical instruments provided to the young people. With regard to the clinical diagnoses of the study population, these were arrived at by experts in psychiatry and psychology using for their diagnoses of clinical disorders and substance consumption the categories of Axis I and Axis II of the DSM IV-TR³ given that this was the classification recommended by the Psychiatric Association at an international level.
- Extraction of the data collected by research into the *rate of recidivism in the Juvenile Justice system*⁴ and comparison of the results of juveniles interned in other education centres with those of young people in the El Til·lers Therapy Unit.

With regard to **measuring recidivism**, the follow-up period for monitoring repeat offending began at the moment of the completion of the basic case⁵ by each of the juveniles detained in the Els Til·lers Therapy Unit between 2010 and 2013 and continued until 30 June 2016, with an average follow-up of 4.5 years (a minimum 2.5 and a maximum of 5.5 years).

With regard to the study variables, the primary data collected were processed to obtain a single data matrix. The variables were divided into four main groups:

- a) Descriptive data from the JJSI
- b) Variables relating to the SAVRY and added risks
- c) Data supplied by the Els Til·lers Therapy Unit
- d) Variables relating to recidivism

The data analysis was statistical and was carried out using the SPSS 17.0 statistical package. The following tests were done: descriptive (tables of absolute and relative frequencies, averages and standard deviation), contingency table (Phi and Cramer's V and adjusted standardised residuals), analysis of variance for independent samples (ANOVA) in order to study the association between nominal and numerical variables, and factorial and cluster multivariate analysis.

Results

The teenagers treated at the therapy unit are in the main Spanish males with an average age of 16 who come from an average socioeconomic background, who have been to secondary school and live

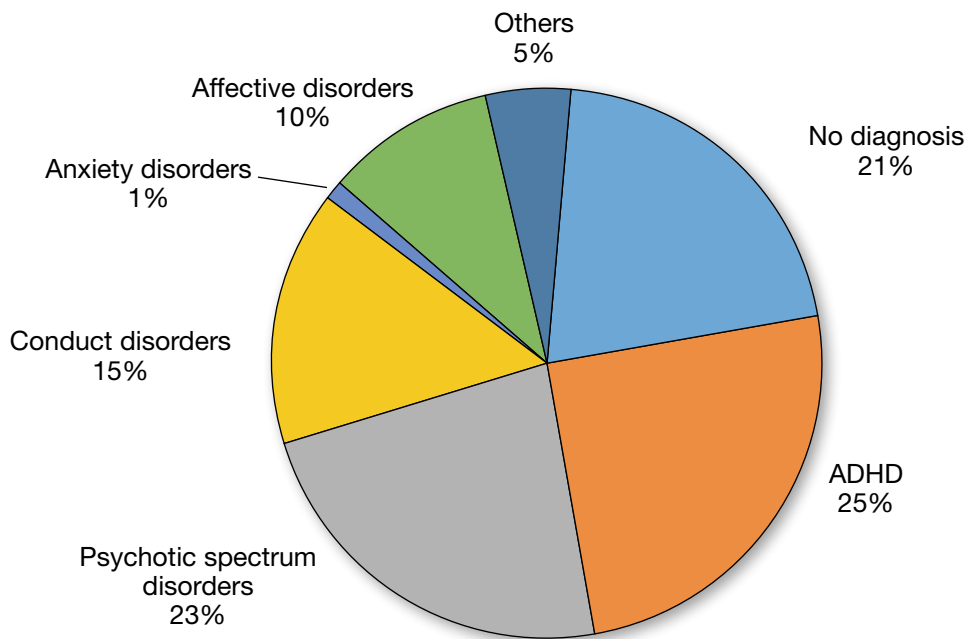
1. In the Juvenile Justice System, each of the judicial measures applied to a minor is termed a 'programme'.
2. SAVRY: Structured Assessment of Violence Risk in Youth: Borum, R., Bartel, P., & Forth, A., 2002 (translation into Catalan/ Spanish: Vallès, L. & Hilterman, E., 2006).
3. AMERICAN PSYCHIATRIC ASSOCIATION (APA). (2002). *Manual Diagnóstico y Estadístico de los Trastornos Mentales DSM-IV-TR*. Barcelona: Masson.
4. <http://cejfe.gencat.cat/ca/recerca/cataleg/crono/2017/reincidencia-ij/>
5. The basic case is the Public Prosecutor's proceedings for which the minor has served and completed a court prison sentence during the period in question (2010-2013).

in a single-mother family. Overall, they present greater difficulties in reasoning and problem-solving skills, in thinking abstractly and in planning. They are teenagers especially vulnerable to stress. One in four juveniles suffers from moderate or severe depression, high impulsiveness, feelings of anger and a tendency to arrive at hostile interpretations about and towards others that interfere with their optimal psychosocial functioning. They report suffering from neglect in 33.3% of cases, physical abuse in 18.5% and sexual abuse in 5%. 52% have been exposed to violence in the home. 75.3% had a prior criminal record on admission to a Juvenile Justice system education centre, with their last crime of which they were accused falling into the category of crimes against the person, with other juveniles involved in the events. At a family level, we find a high prevalence of prior psychiatric disorders among first-degree relatives, as well as problems related to substance abuse higher than those found in the general population.

With regard to the problem of substance abuse. 53.5% of these young people show a dependency on the substances they consume, predominantly cannabis (43.2%).

Of the mental illnesses with a long-term evolution, we highlight the following:

Graph 1. Clinical diagnoses by long-term-evolution pathology in the DSM-IV-TR⁶ among young people treated at the Els Til·lers Therapy Unit



Teenagers in the Juvenile Justice system present rates of mental disorders higher than those found among the general population.

In addition to the information given above, it should be noted that one in three of these young people present mild intellectual disability.

In relation to recidivism, half of the juveniles treated at the therapy unit commit another criminal act (51.9%), with the period of greatest risk being the six months following their release.

It should be noted that there are no differences in the percentage of repeat offending in comparison with the rest of the general population interned in the Juvenile Justice system.

6. <http://www.apa.org/pubs/databases/>

With regard to risk factors, special mention must be made of impulsiveness, relations with groups of peers who engage in antisocial behaviour, and a lack of interest in school or work, as well as limited emotional support from their family or other adults. Protective factors include the network of social and family support.

We have found differences in the type of disorders (clinical profiles), crime, recidivism and risk and protective factors.

Table 1. Summary of recidivism – arranged in order from highest to lowest – by clinical profile of the population treated at the therapy unit

Clinical profiles of the population treated at the therapy unit	N	%	Recidivism rate
Severe mental disorder	25	31.6	60.0%
Disorder related to substance abuse	43	54.4	53.5%
Mild intellectual disability	27	33.3	51.9%
Dual pathology	33	41.8	48.5%
Mental disorder – not severe	44	55,7	43.2%
Conduct disorders	12	14.8	41.7%
ADHD	20	24.7	35.0%

The young people with dual pathology do not present a higher rate of recidivism but repeat offences are more violent. People who suffer from a severe mental disorder present the highest recidivism rate (60%), but this is not violent. Even so, the data gleaned in this research indicate that suffering from a mental disorder is not currently in Catalonia a recidivism risk factor.

Between the profile of the young people treated at the therapy unit and the general population in Juvenile Justice system education centres, there are differences to be found in every contextual social risk factor and in almost every item of the individual risk factors

- 1 Inmigrantes y criminalidad en Europa. Los ejemplos de Alemania y España. Enero 1995.
- 2 La cárcel pública de Barcelona durante la etapa isabelina / La casa de corrección de Barcelona (1836-1856). Enero 1998.
- 3 El coste de la justicia penal. Privación de libertad y alternativas. Febrero 1998.
- 4 El niño abusado sexualmente como testigo / Los delitos contra la libertad sexual relacionados con menores. Marzo 1998.
- 5 Inteligencia y personalidad en el proceso rehabilitador del delincuente. Mayo 1998.
- 6 Salud y prisión. Octubre 1998.
- 7 La prensa frente a la violencia juvenil y la cárcel. Noviembre 1998.
- 8 El tratamiento de los agresores sexuales. Febrero 1999.
- 9 La victimización en Cataluña en el año 1996. Abril 1999.
- 10 Programas aplicados de psicología comunitaria con personal penitenciario. Junio 1999.
- 11 Justicia juvenil: inserción laboral y medidas en medio abierto. Octubre 1999.
- 12 Reincidencia y delincuencia juvenil. Noviembre 1999.
- 13 Violencia doméstica. Diciembre 1999.
- 14 El estado de la adopción en Cataluña (1998-1999).
- 15 Maltratos infantiles en Cataluña. Junio 2000.
- 16 Prisión y mujeres. La incidencia de los programas motivacionales en la conducta social. Un estudio evolutivo (1988-2000) en la prisión de mujeres de Barcelona. Septiembre 2000.
- 17 Evaluación de un programa de tratamiento para jóvenes violentos. Noviembre 2000.
- 18 Evaluación de la efectividad de los programas de tratamiento con delincuentes en Europa. Enero 2001.
- 19 La victimización en Cataluña en el año 1999. Mayo 2001.
- 20 El arresto de fin de semana en Cataluña (1996-2000).
- 21 Adictos a las drogas y reincidencia en el delito.
- 22 Maltratos físicos graves a bebés y menores de cuatro años ingresados en centros de acogida.
- 23 Intervención institucional. Elementos para el análisis en menores infractores o en riesgo.
- 24 Los menores extranjeros indocumentados no acompañados (MEINA).
- 25 La mediación penal
- 26 La reincidencia.
- 27 Familia y conducta antisocial.
- 28 Presentación de dos investigaciones del ámbito penitenciario.
- 29 Intervención en centros de justicia juvenil.
- 30 La clasificación inicial en régimen abierto de los condenados a prisión.
- 31 La reincidencia en las penas alternativas a la prisión en Cataluña.
- 32 La asistencia religiosa y la libertad de culto en las prisiones de Cataluña.
- 33 Bullying - Violencia de género. Elementos para el análisis.
- 34 Violencia de los jóvenes en la familia.
- 35 Infractores y conducta violenta.
- 36 Drogas y tratamiento penitenciario.
- 37 Perfil profesional del juez de primera instancia e instrucción de Cataluña.
- 38 Violencia de género y justicia.
- 39 Delitos sexuales y reincidencia.
- 40 Intervención con infractores juveniles.
- 41 Mediación y resolución de conflictos en entornos penitenciarios.
- 42 Perfil profesional del Secretario Judicial de Cataluña.
- 43 Predicción del riesgo de violencia en contextos institucionales. Los sistemas de control monitorizado aplicado a penados adultos.
- 44 Drogas y prisión . Medidas de seguridad y salud mental.
- 45 Modelos de política criminal y penitenciaria internacional.
- 46 Mujer y violencia de género.
- 47 La formación de los funcionarios de seguridad de los centros penitenciarios en Cataluña y Francia.
- 48 Perfil de los penados por delitos contra la seguridad del tráfico.
- 49 Intervención con agresores de violencia de género.
- 50 Intervención con infractores condenados por delitos de tráfico a programas formativos.
- 51 Abuso sexual infantil: valoración psicosocial desde el ámbito de la justicia.
- 52 Agresores en violencia de pareja.
- 53 Inserción después de la cárcel.
- 54 Extranjeros en centros penitenciarios.
- 55 Victimología y ciberdelito en menores.
- 56 La reincidencia en el programa de mediación y reparación de menores.
- 57 Intervención penal con infractores de tráfico.
- 58 Evaluación de menores infractores: factores protectores y de riesgo..
- 59 El tiempo en la justicia de menores.
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