

The Psychological Impact of the Juvenile Justice System on Juvenile Offenders who Reenter Society

A Senior Honors Thesis

Submitted in Partial Fulfillment of the Requirements
for Graduation in the Honors College

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May 21, 2021

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Abstract

Majority of juveniles within the US juvenile justice system suffer from mental health issues and labeling after incarceration which are mostly related to their recidivism (Baglivio et al., 2017; Lee et al., 2017). This paper identifies the psychological effects of the juvenile justice system on the offenders by focusing on the labeling theory. Furthermore, this paper explores the impact of labeling on juveniles' preconceptions about themselves, and whether these preconceptions influence juveniles' recidivism rates. This paper uses meta-analysis of 20 empirical studies. Researchers suggest a reformation of juvenile justice policies, which address the issue of the length of stay and mental health outcomes of juvenile offenders who have been incarcerated (Gandelman et al., 2020; Gonzalez et al., 2017). In addition, positive appraisals, youth involvement in a community-based program, employment opportunities, and education could help reduce their recidivism by addressing juveniles' low self-esteem and low self-worth because of labeling (Abrams et al., 2011; Kroska et al., 2017; Miller et al., 2019). The results from this paper could help improve juvenile's mental health issues, combat social labeling on them, and reduce their recidivism rates.

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The Psychological Impact of the Juvenile Justice System on Juvenile Offenders who Reenter Society

The United States (US) juvenile justice policies changed over time. In 1899, the focus was on rehabilitating offenders, but due to the rise in violent criminal activities among juveniles, the 1994 Crime Act which entails the truth-in-sentencing (TIS) program provided stiffer penalties for violent offenders, and the “Automatic Transfer Laws” contributed to juvenile offenders being sentenced to adult facilities due to the lowering of age of serious criminal offenses (Redding, 2010; Sabol et al., 2002). However, the juvenile justice system remains responsible for the mental health care, education, and other rehabilitation services before juveniles’ reenter society (The Office of Juvenile Justice and Delinquency Prevention (OJJDP), 2019). One of the aims of the US juvenile justice system is to reduce recidivism, which is the tendency that a juvenile offender would reoffend even after receiving treatment and rehabilitation services through the juvenile justice system (The National Institute of Justice, 2008). However, high recidivism rates and mental health issues are reported among juvenile offenders. According to Puzzanchera (2021), about 696,620 juveniles under 18 years were incarcerated in the US juvenile justice system in 2019. Of the 696,620 juveniles, over 75% recidivate in three years and 84% in five years (OJJDP, 2020). In addition, about 70% of the incarcerated juvenile offenders report to have mental health issues (National Conference of State Legislatures, n.d). These numbers could reflect the ineffectiveness of the treatment and rehabilitation services offered through the juvenile justice system or that the environment contributes to mental health issues which in turn, explains the reoffending rates among juvenile offenders.

Since the juvenile offender's mental health issues often go undetected, they do not receive proper care due to inadequate staffing (Abrams et al., 2011; Zeola et al., 2017). In addition, they experience overcrowding and violence; therefore, their mental health condition worsens overtime (Gonzalez, 2017). Juvenile offenders with preexisting mental health conditions or experiencing complex trauma (Ford et al., 2012) and lengthy sentencing in juvenile facilities report to have higher levels of stress due to poor coping skills (Shulman et al., 2011) and a fear of victimization (Gonzalez, 2017; Wylie et al., 2018). Furthermore, juveniles diagnosed with Post-Traumatic Stress Disorder (PTSD) are at a higher risk for recidivism (Becker et al., 2012). However, this idea has been challenged by other researchers; lengthy incarceration and grave conditions reduces juvenile delinquent reoffending (Gandelman et al., 2020), and there is no evidence that supports an increase or decrease in reoffending rates among juvenile offenders who are incarcerated (Nagin et al., 2013).

Based on the mental health and the recidivism problems, this research guiding questions are: 1) What are the mental health conditions of juveniles after incarceration? and 2) Do these mental health conditions along with the social labeling theory have an impact on juveniles' recidivism rates? To answer these questions, this paper explores lengthy incarceration, the effects of mental health conditions on juvenile's behavior and recidivism rates, the effects of gender differences among juvenile offenders with mental health issues on recidivism. This paper reviews 20 empirical studies on mental health conditions, incarceration, recidivism, social stigma, social labeling, re-entry programs between 2011 and 2020. Furthermore, this paper will use social labeling theory which specifies the label given by people in society based on the perceptions of behavior or tendencies of an individual (Becker, 1963, Lemert, 1951). In addition, this paper investigates the effects of labeling on juveniles' perceptions and whether these labels

and social stigmas contribute to high recidivism rates and poor adjustments in society. This paper further identifies effective treatment options and preventive measures in dealing with mental health conditions among juvenile offenders.

Literature Review

Effects of Lengthy Incarceration on Detainees

Arguably, it is believed that lengthy incarceration is linked to mental health condition and recidivism (Becker et al., 2012; González, 2017; Kinner et al., 2015). In a study of 587 youths between the ages of 11-17 years who were charged with status to felony offenses, Becker et al. (2012) examined how mental health is impacted by lengthy incarceration which could lead to recidivism. Becker et al. (2012) found lengthy incarceration increases reoffending and reconvictions when juveniles are diagnosed with PTSD. Likewise, González (2017) examined length of stay of system involved youths and how it affects the mental health conditions of juvenile offenders. González (2017) found that length of stay in juvenile facilities could result in an increased likelihood of recidivism, poor health, and mental health problems. In addition, Kinner et al.'s (2015) study examines the causes and risk factors associated with death among young offenders in Victoria, Australia after been institutionalized. Researchers conducted a 30–60-minute interviews with 273 offenders in custody and 242 offenders in community-based corrections, and measured offense and family history, mental health illness, demographics, self-harm, and substance abuse (Kinner et al., 2015). Kinner et al. (2015) found that the cause of most deaths among institutionalized juvenile offenders were drug overdose, suicide, and traffic accidents, and the mortality rate was 4.2 per 1000 person which was lower because drugs, such as heroine was scarce in Australia (Kinner et al., 2015). Nevertheless, the cause of death of both youths in custody and those involved in community-based corrections were not statistically

significant (Kinner et al., 2015). That is, the findings from the study were not big enough to draw a conclusion that there was a difference. Kinner et al. (2015) also found that there is no link between socio-demographics, mental health, and death.

Irrespective of these conclusive findings that lengthy incarceration increases recidivism, poor health, suicide, and mental health problems (Becker et al., 2012; González, 2017; Kinner et al., 2015), few studies did not find a correlation between length of incarceration and recidivism. In Nagin et al.'s (2013) study of 6,515 convicted offenders in a Pennsylvania prison, there were minimal association between imprisonment and rearrest. The sample size was predominately White males who were born in the US and were well educated. To evaluate the effects of detention on specific time frames, researchers used judges as the instrumental variables (Rosenbaum and colleagues, 2005; 2002b) to measure their results (Nagin et al., 2013). In fact, the results were not conclusive to determine whether experiencing incarceration affected the reoffending rate. Considering this finding, more recent studies have shown conflicting results when the length of incarceration is assessed. Relatedly, Gandelman et al. (2020) found that regardless of the condition juveniles endure, the longer time juveniles spend in custody, the less likely they will reoffend. Researchers explored the effects of lengthy juvenile incarceration and reoffending within 30-days in Uruguay on 1,500 juveniles who committed violent crimes (Gandelman et al., 2020). The factors that contributed to these results were the educational level of offenders, the severity of punishment, and the age of offenders (Gandelman et al., 2020). For each study mentioned, researchers used a different measure and accounted for different variables to determine whether the length of stay have an impact on juveniles reoffending. This finding suggests that the longer younger juvenile offenders are incarceration the less likely they will reoffend. In that, both Nagin et al. (2013) and Gandelman et al. (2020) factored in the

educational levels of the offender. Thus, this could explain the shocking findings of both studies. In addition, the culture, punishment criteria and “the treatment given by legal modification in Uruguay” could be different from that of the US, which could account for the findings in Gandelman et al.’s (2020) study.

Taken together the conflicting findings in Nagin et al.’s (2013) and Gandelman et al.’s (2020) study, the findings were not conclusive to determine that length of incarceration has no effect on reoffending or recidivism. This is because, Nagin et al. (2013) findings were inconclusive to determine the effects of lengthy incarceration on reoffending and recidivism rates among young offenders, and Gandelman et al. (2020) used majority of White educated young offenders in their study to determine their reoffending and reconvicting rates. Based on research findings, lower education levels of juvenile offenders are linked to high recidivism rates in adult facilities (Abrams et al., 2011), and education and vocational training reduces recidivism rates (Benson et al., 2011; Miller et al., 2019; Moore et al., 2013). Based on this analysis of all studies, it can be concluded that lengthy incarceration could lead to increased recidivism rates, institutionalization, health problems, and mental health issues (Becker et al., 2012; González, 2017; Kinner et al., 2015).

Mental Health of Incarcerated Juveniles in Detention Facilities

Juvenile offenders who are in secure juvenile detention centers report to have multiple mental health problems. Some of the issues include aggression, depression, PTSD, suicidal ideation, and other psychological disorders such as anxiety (Becker et al., 2012; Espinosa et al., 2020; Ford et al., 2012; Shulman et al., 2011). Becker et al. (2012) examined how both mental health symptoms and demographic traits contributes to recidivism. Becker et al. (2012) used Grisso and Barnum’s (2003) MAYSI-2 to measure mental health issues. Study shows that there

are more internal and external attributions resulting in future reoffending and reconvictions (Becker et al., 2012). Internal attributions are personal factors such as feelings, whereas external attributions are situational factors such as social influences that could account for juveniles' behavior (Gerace, 2020). In addition, the older juvenile offenders are more likely than younger juvenile offender to have mental health issues (Becker et al., 2012). However, the MAYSI-2 traumatic experiences scale shows that trauma does not predict recidivism (Becker et al., 2012). Other researchers found that girls with mental health issues report to have elevated levels of traumatic experiences and suicide ideation (Espinosa et al., 2020). Survey shows that about 90% of juvenile delinquents have a history of at least one complex trauma (Ford et al., 2012). Complex trauma could be developed during childhood when there is constant exposure to traumatic events (Ford et al., 2012). Some examples of complex trauma include bullying, sexual and physical abuse (Ford et al., 2012). Complex trauma affects attachment bonding, and early childhood bio-psychological development which are precursors for aggression and depression (Ford et al., 2012). Additionally, the disadvantageous consequence of complex trauma affects childhood development which may lead to aggression and other psychological disorders such as depression and anxiety (Ford et al., 2012). Being incarcerated in the juvenile justice system contributes to emotional and mental health issues among juvenile offenders. Shulman et al. (2011) conducted a study that examines the psychological and behavioral adjustments and coping efforts during the first month of incarceration among male offenders ages 14-17 years. This study was done at the California Department of Juvenile Justice facility among 373 male juvenile offenders who have experienced various levels of stress (Shulman et al., 2011). These juveniles have committed violent crimes such as attempted murder and aggravated assault (Shulman et al., 2011). Higher levels of stress could lead to internalizing and externalizing

symptoms which results in difficulty adjusting while incarcerated (Shulman et al., 2011). The MAYSI-2 scale was to measure complex trauma in all the studies on trauma (Becker et al., 2012; Espinosa et al., 2020; Ford et al., 2012) but the coping scale was used to measure stress in Shulman et al.'s (2011) study. Even though the sample sizes were different, and researchers looked at different variables such as demographic traits and internal and external attributions to determine the outcomes and experiences of being incarcerated, it is evident that there are mental health issues associated with incarceration. Primarily, juveniles who have a history of trauma and greater levels of stress are more susceptible to have mental health issues.

Other factors of mental health issues are reported among juvenile offenders. Based on González's (2017) study, there are external contributing factors of mental health illness and physical health in later adulthood, which includes overcrowding of detention centers, violence in these facilities, and disruptions of daily routines (González, 2017). In fact, González found that about 56% of juvenile offenders have experienced at least one violent victimization while incarcerated, and juvenile offenders who have been diagnosed with depression, 1 in 10 reported to have thought about committing suicide, and 11% have attempted suicide. This study shows the effects of environmental influences on juvenile offender's mental health.

The Effects of Mental Condition on Juveniles' Criminal Behaviors

Mental health issues among juvenile offenders could contribute to criminal behaviors. Juvenile offenders with mental health problems are more likely to be involved in the juvenile justice system (Wylie et al., 2018). A study of 11,557 juvenile offenders from a Florida juvenile detention residential program explores the effects of neuropsychological deficits on antisocial and criminal behaviors (Baglivio et al., 2017). The construct for Neuropsychological deficits is the disruptions in behavior due to Attention Deficit Hyperactivity Disorder (ADHD) and

Conduct Disorder (CD). Results reveal that neuropsychological deficits are associated with lack of self-control and an excessive participation in antisocial behaviors (Baglivio et al., 2017). This is due to juvenile offenders' inability to focus and regulate emotions because of the disorders. In addition, parents who have mental health and substance abuse issues could affect juvenile offenders' neuropsychological issues and temperament (Baglivio et al., 2017). In a study of 2,792 juveniles, researchers sought to identify the impact of early juvenile offenders' mental health symptoms and victimization on recidivism (Wylie et al., 2018). Results reveal that juveniles with a substance abuse disorder are more likely to recidivate sooner than juvenile offenders without mental health disorders (Wylie et al., 2018). Thus, mental health issues and victimization among juveniles are precursors of recidivism. Similarly, another study shows that early and late adolescence with and without grave mental health problems report to have an increase in criminal offenses (Davis et al., 2015). Researchers examined 41 juvenile offenders between the age of 17-20 who were recently arrested and released from a facility within 18 months (Davis et al., 2015). In addition, the selected juvenile offenders have been diagnosed with anxiety and psychotic disorder to determine effective ways of reducing recidivism among those who have and do not have mental health issues (Davis et al., 2015).

Even though the sample sizes of each study were vastly different, the outcomes of the study remained the same, which accounts for the validity of the study. Likewise, researchers examined different variables as they relate to mental health issues among juvenile offenders; undoubtedly, there is an association between mental health conditions and juvenile offenders' behavior (Baglivio et al., 2017; Davis et al., 2015; Wylie et al., 2018).

Female Delinquency and Recidivism

Gender plays an important role in the distribution of mental health services. Espinosa et al. (2020) examines how the juvenile justice system handles mental health needs when it comes to gender, and the traumatic experiences associated with juvenile justice processing. Between January 1st, 2007 and December 31st, 2014, researchers examined 271,427 juvenile statutory offender aged 10-17 years (Espinosa et al., 2020). In addition, data of juvenile offenders was retrieved from 165 probation agencies, and the MAYSI-2 subscale was used to evaluate the results (Espinosa et al., 2020). Results reveal that girls who have experience trauma and report to have higher mental health needs and were more likely than boys to be removed from their homes for treatment, and less likely to be released back into their communities (Espinosa et al., 2020). This study shows the importance of treating patients based on need, however, gender should not be placed on the forefront in determining leniency in autonomy. A bias that I found in this research is that only Blacks and Hispanic subjects were used in this study. It would be interesting to see the results of other racial groups. In Barrett et al.'s (2015) study of 34,614 female delinquents ages 5 to 19 who were arrested and referred to by a school or a prosecutor. Researchers explore the role that family dysfunction play in juvenile offender with a mental health history (Barrett et al., 2015). Results reveal that female delinquents with mental health disorders were about 10 times more likely than those who are not diagnosed with this disorder to participate in criminal offenses (Barrett et al., 2015). Hence, female delinquents are offered more treatment and are more likely to refuse mental health care (Barrett et al., 2015). Another important point to note is child maltreatment. Females who have been treated poorly will need special care in addressing maltreatment and coping with the aftermath (Barrett et al., 2015). Consequently, recidivism rates increase among females who are known for using drugs. A limitation of the study is that the sample size did not reflect the entire population of all

delinquent females with mental health and family dysfunctional issues (Barrett et al., 2015). However, both studies reflect the same findings that treatment should be gender specific because females are more likely than males to be affected by the traumatic experiences, and more likely to become delinquents (Barrett et al., 2015; Espinosa et al., 2020). In addition, Becker et al. (2012) found that African American girls with PTSD are at higher risk for recidivism. In addition, girls are more disturbed, and more likely than boys to report higher rates of mental health issues, but boys report higher rates of substance abuse problems (Becker et al., 2012).

Based on the analysis of studies on gender, mental health, and recidivism, girls who experience trauma, and have mental health disorders, girls are more likely to be referred to mental health services (Barrett et al., 2015; Becker et al., 2012; Espinosa et al., 2020); hence, it appears as if girls need more mental health services than boys. Thus, girls are mostly referred to mental health services.

Social Labeling and Stigma on Identity, Re-entry Employment Opportunities, and Reintegration

Researchers have explored the effects of the stigma of being incarcerated, labeling, criminal background, mental health issues, substance abuse, and unemployment and its contribution to juveniles' recidivism (Anazodo et al., 2019; Baglivio et al., 2017; Barrett et al., 2015; Benson et al., 2011; Kinner et al., 2015; Kroska et al., 2017; Lee et al., 2017). Regardless of these experiences, some offenders are not affected by the juvenile justice system experiences of stigma (Benson et al., 2011) and have successfully transition into society due to effective aftercare of juvenile offenders, pre-education, and lengthy enrollment in re-entry-community based programs (Abrams et al., 2011; Davis et al., 2015; James et al., 2016; Miller et al., 2019). Due to the perception society have on offenders, some offenders are forced to lie on job

applications (Anazodo et al., 2019). As a result of the societal labeling juveniles become what society says, self-fulfilling prophecy. Kroska et al. (2017) explores the role that labeling theory plays on juvenile delinquents' acquired attitudes that concerns their social and emotional wellbeing. Furthermore, researchers investigated the three aspects of self-meaning (Kroska et al., 2017). In addition, researchers found that because of labeling: affects how one evaluates themselves, self-influences of having the ability to achieve anything, and the internal forces that drives an individual (Kroska et al., 2017). Compared to previous studies on the same topic, researchers found the opposite effect that the juvenile justice system has on youths. That is, instead of correcting, rehabilitating, and tending to juveniles' deviant behavior, the juvenile justice system contributes to juveniles re-offending (Kroska et al., 2017). Results reveal that when juveniles are labeled, they start believing whom society says that they are, and in turn, their behaviors reflect the deviant self-meanings (Kroska et al., 2017). In addition, researchers found that because of labeling, juveniles develop low self-worth and self-esteem, of which they are internally driven to commit deviant crimes that match these labeling (Kroska et al., 2017). However, there was an increase in juveniles' ability to achieve whatever they desire, which is an increase in self-potency (Kroska et al., 2017). This study is a good example of a self-fulfilling prophecy; juveniles believe and act upon the labeling assigned to them by society.

Additionally, labeling from the juvenile justice system, and parents affect offenders. A study of Lee et al. (2017) examines whether the formal or informal deviant labeling of juveniles has an impact on criminal behaviors during adulthood. Participants include 416 adolescents who were interviewed on the effects of long-term maltreatment during childhood. The construct of measuring formal labeling is what the juvenile justice system views as deviant whereas, informal labeling of juveniles is behaviors reported by parents (Lee et al., 2017). Results reveal that

informal deviant labels by parents are associated with criminal behaviors in adulthood in comparison to formal labeling by the juvenile justice system (Lee et al., 2017). Additionally, researchers found no gender difference in formal and informal labeling outcomes (Lee et al., 2017). Results reflect the powerful impact parents' evaluation has on their adolescents, and how much adolescents value the opinion of their parents.

Education and employment prior to release could combat the stigma of being incarceration. Arguably, this is an option for young offenders who have been labeled by society and believes what society says they are, but can pre-education or post-employment bridge this gap? Pre-education prior to release and post-release employment during adolescence could reduce recidivism (Abrams et al., 2011; Davis et al., 2015; Miller et al., 2019). To an extent education and employment would bridge the gap, but juvenile offenders' appraisal of themselves is a battle they will have to defeat. Could juvenile offenders' perception of themselves outweighing their chances of successful reintegration? Anazodo et al. (2019) examine how social stigmatization affects offenders' identity and employment upon reentry into society. Results reveal that offenders seek to disassociate their past criminal lifestyles from their current one (Anazodo et al., 2019). In fact, ex-offenders tend to either disclose one or the other of the past offenses, or conceal their incarcerations from employers (Anazodo et al., 2019). However, upon the revelation of their past offenses via criminal background checks, employers could disqualify the ex-offender for withholding the truth.

Contradicting results from a study reveals that some offenders do not encounter stigmatization (Benson et al., 2011). In a qualitative study of 1,031 male offenders, Benson et al. (2011) examined stigmatization upon reentry into society. Researchers asked juvenile offenders via survey concerning the extent of stigmatization they would experience upon reentry into

society (Benson et al., 2011). Surprisingly, results reveal that offenders do not think they would be stigmatized based on their convictions, and that they would successfully reintegrate into society (Benson et al., 2011). The results were very shocking due to the expectation that offenders would be stigmatized upon reentry into society (Benson et al., 2011). The offenders were convicted in 1993 and was sent to a bootcamp, a residential treatment center for a 90-day period instead of serving time in a prison (Benson et al., 2011). Hence, this could account for the positive responses of juvenile offenders since the 1994 stiffer penalty laws were not enacted during that time. The results from the study were alarming because the bootcamp provided GED education, life skills and drug awareness courses; in addition, juvenile offenders were placed in an intensive 2-year probationary program (Benson et al., 2011). If the same question were to be asked today to juvenile offenders facing lengthy sentences and currently incarcerated without these services, probably the results would not have been the same.

Rehabilitation of Juveniles, the effects of Counseling Techniques, Re-entry Programs and Recidivism

An effective treatment plan tailored to help juveniles with normal functioning is essential for both rehabilitating and reducing recidivism rates. Researchers have found different effective techniques suitable for mild to severe offenders with mental health and emotional issues (James et al., 2016). James et al. (2016) explores whether the New Perspectives Aftercare Program (NPAP) is more effective than the Traditional Aftercare Service (TAU) when treating serious juvenile and adolescent offenders. Researchers randomly assigned 127 juveniles and young adults aged 16 to 24 from Netherlands to both programs (James et al., 2016). Some of the criteria of selection includes offenders who have committed at least three criminal acts or spent at least four weeks in prison (James et al., 2016). Results reveal no evidence of either intervention

working better than the other (James et al., 2016). However, researchers found that NPAP is specifically designed to target distorted thinking, and criminal thinking patterns while helping to develop coping skill (James et al., 2016). Additional findings reveal that youths from the Dutch and Caribbean did not benefit from the NPAP because they used other coping strategies when faced with challenging situations (James et al., 2016). The results implies that ethnicity and culture play a role in how juveniles cope. Another coping strategy to help juveniles with psychological and adjustment behavioral issues is active coping such as acceptance (Shulman et al., 2011).

Another important factor that contributes to successful reentry into society is the participation in community-based programs and practicing how to transition into society. In a study of 75 young men between the ages of 18-25, researchers explored how lengthy participation in a community-based reentry program could prevent juvenile offenders from being admitted in an adult facility (Abrams et al., 2011). The program has two phases, the first phase for 4-8 months, comprises of counseling services, re-entry courses, and learning how to transition back into society; whereas the second phase includes case management services after they are released (Abrams et al., 2011). Researchers collected data through a structured cross-sectional telephone survey and found that the longer (8.3 months) juveniles are enrolled in re-entry community-based programs between 2002 and 2009, with the focus on educational and vocational services, the lesser chances that juveniles are reconvicted (Abrams et al., 2011). Similar results from a more recent study of juvenile offenders with disability reveals that individualized services, a combination of mental health services, academic, and vocational training are effective measures of juvenile offender's successful transition into society (Miller et al., 2019). In fact, a combination of a GED and employment increased the likelihood that juvenile offenders will

engage in the community (Miller et al., 2019). Even though researchers investigated the effects of educational and vocational programs on a vulnerable population (juveniles with disability), the results reveal that re-entry services with the focus on education is needed for juvenile offenders' successful transition into society (Miller et al., 2019).

Discussion

Juvenile offenders incarcerated in the juvenile justice system face many challenges as it relates to pre-existing trauma, stress, neuropsychological deficits, family dysfunction, and being victimized (Baglivio et al., 2017; Barrett et al., 2015; Becker et al., 2012; Espinosa et al., 2020; Ford et al., 2012; Wylie et al., 2018). These conditions could result in severe mental health conditions among juvenile offenders when placed in the juvenile justice system (Becker et al., 2012; González, 2017; Shulman et al., 2011). After juvenile offenders are rehabilitated and released into society, the task of adjusting successfully depends on whether they have received the proper resources that best suits their needs (Shulman et al., 2011).

The major findings of the study shows that PTSD, depression, aggression, anxiety, suicide ideation, and attempted suicide are some of the mental health conditions reported among juveniles while being incarcerated and after the incarceration (Becker et al., 2012; Espinosa et al., 2020; Ford et al., 2012; González, 2017; Shulman et al., 2011). In addition, Shulman et al., (2011) identified the internal and external indicators associated with juvenile justice systems while Ford et al., (2012) showed how entering the juvenile justice system with preexisting complex trauma could result in psychological disorders. Detecting and addressing these mental health conditions among juveniles are necessary to help reduce persistent mental health issues, adjustment in juvenile facilities, suicide, and recidivism (Becker et al., 2012; González, 2017; Zeola et al., 2017). It is evident that if mental health conditions are addressed among juveniles,

and psychological services are specific to the individual, juveniles will have a successful transition into society (Miller et al., 2019). Researchers suggest social and family support, cognitive-behavioral treatment strategies (CBT), multidimensional family therapy (MDFT), multisystemic therapy (MST) which is a combination of family support and cognitive-behavioral strategy could treat ADHD and severe aggression in juveniles (Baglivio et al., 2017). In addition, to address stress associated with incarceration, coping strategies such as approach-oriented strategy that seeks a support system, and active coping-strategies, acceptance could be used to combat the levels of stress among juvenile offenders (Shulman et al., 2011).

The length of incarceration was a well-researched issue and there were conflicting results; nevertheless, researchers agreed that a reformation of juvenile justice policies that addresses the issue of the length of stay, and mental health outcomes of incarcerated juveniles is necessary (Gandelman et al., 2020; Gonzalez et al., 2017). In addition, a policy reformation could help save money on lengthy confinement (González, 2017).

The other question explored was 2) Do these mental health conditions along with the social labeling theory have an impact on juveniles' recidivism rates? Research findings indicate that mental health is associated with recidivism, and to combat recidivism, mental health issues among juvenile offenders must be treated (Davis et al., 2015; Wylie et al., 2018). Considering this, Kroska et al. (2017) addressed the issue of labeling on adjudicated juveniles and their appraisal of themselves. Research indicates that juveniles have a lower self-evaluation but higher self-potency (Kroska et al., 2017). This could account for the gangster mentality of juvenile offenders. If labeling persists especially from parents, juveniles internalize these labels and display the lifestyles that reflect these informal labeling (Lee et al., 2017). This finding could lead to juvenile recidivism, yet the association of mental health conditions was not a considered

factor. A solution to both reducing recidivism and the effects of informal labeling could be positive appraisals, youth involvement in a community-based program, employment opportunities, and education (Abrams et al., 2011; Davis et al., 2015; Miller et al., 2019).

To address juveniles' increased recidivism rates and for hope of a successful transition into society, psychological services, educational or vocational services must be offered to juvenile offender prior to their release (Miller et al., 2019). A re-entry community-based program that focus on educational and vocational services or a community-based program such as probation and parole, and employment during adolescence could be a solution to reduce recidivism rates in the juvenile justice system (Abrams et al., 2011; Davis et al., 2015). In addition, researchers suggest a combination of MST, pre-education, and post-release employment must be available to help to reduce juvenile offender's recidivism rates (Baglivio et al., 2017). Since boys' report to have a higher rate of substance abuse problems (Becker et al., 2012), and substance abuse is linked to recidivism (Wylie et al., 2018), it is important to address this issue. Wylie et al. (2018) argues that juveniles with a substance abuse disorder are more likely to recidivate sooner than juveniles without mental health disorders. In addition, Baglivio et al. (2017) asserts that parental mental health and substance abuse issues could lead to juvenile justice system involvement. Hence, substance abuse among juvenile offenders especially boys is associated with recidivism. This is because boys are filtered through the juvenile justice system whereas girls are filtered through the mental health system (Becker et al., 2012). To combat drug overdose, researchers suggest the treatment of naloxone could help reduce death in older ex-felons (Kinner et al., 2015). Kinner et al. (2015) suggests that if young offenders' drug addictions are not taken care of, addiction could lead to death after institutionalization. These findings indicate the seriousness of untreated mental health issues among juvenile offenders.

Conclusion

Juveniles incarcerated in the justice system report to have mental health issues. These mental health issues are a result of preexisting trauma, undetected mental health problems, and adverse experiences due to being incarcerated. This paper addressed the questions 1) What are the mental health conditions of juveniles after incarceration? and 2) Do these mental health conditions along with the social labeling theory have an impact on juveniles' recidivism rates? From the 20 empirical studies dated between 2011 and 2020, results indicate that anxiety, aggression, depression, PTSD, suicidal ideation, and stress are some of the mental health conditions reported among incarcerated juvenile offenders. Studies did not show the environment itself contributed to mental health issues (Becker et al., 2012; Espinosa et al., 2020; Ford et al., 2012; Shulman et al., 2012). However, study shows that once juveniles have preexisting conditions, being incarcerated in the juvenile justice system triggers these conditions (Becker et al., 2012; Ford et al., 2012; Espinosa et al., 2020). This paper did not get a definite answer to the second question, but implications from studies suggest that labeling and social stigma contribute to deviant behaviors which could result in future reoffending (Benson et al., 2011; Kroska et al., 2017; Lee et al., 2017). Other studies show that mental health conditions are associated with recidivism rates (Baglivio et al., 2017; Becker et al., 2012; Zeola et al., 2017). This research clearly illustrates the effects of labeling on juvenile offenders and how it contributes to deviant self-meaning which could result in reoffending (Lee et al., 2017). Juvenile offenders encounter social stigma and social labeling upon reentry. To combat these labels and social stigma, employers must not look at these juveniles as criminals but hire them based on their educational level and abilities. In addition, juvenile offenders should be enrolled in the NPAP to help target their distorted thinking, criminal thinking patterns, so that they could develop coping skills

(James et al., 2016). This could bridge the gap of giving juveniles a second chance of life which is in response to their rehabilitation. Based on the inconclusive findings that the juvenile facilities contribute to mental health conditions among juvenile offenders; practitioners must screen juveniles upon entry to these facilities. In doing so, it would be known whether the environment contributes to mental health issues of an offender with no preexisting conditions.

On the other hand, questions were raised, why girls are screened through mental health and boys are placed in the system? Based on these conclusions, practitioners should address the problem of high PTSD rates among African American girls, and screen and treat boys according to their specific needs as they would for girls. In addition, there must be a reformation of the juvenile justice system that addresses length of stay, educational and vocational services, reentry services, psychological services upon reentry into society to combat the grave conditions of juvenile offenders in the juvenile justice system. Future research should be done with all three variables: mental health, juveniles with the emphasis on social labeling to see its effects on juvenile offenders.

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