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The Next Generation of Prisoners

Toward an Understanding of Violent Institutionalized Delinquents

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Violent behavior by juveniles, along with the juvenile incarceration rate, has been on the decline in the past several years. Despite these declines, institutionalized juveniles, particularly violent offenders, constitute the population most at risk of becoming the next generation of adult prisoners. Using a sample of youth incarcerated in the Texas Youth Commission (TYC), this article first examines gender differences among numerous self-report measures including but not limited to violence, maltreatment, life stress, and depression. Next, multivariate analysis revealed that age, minority status, substance dependency, life stress, and gang membership were significantly related to violent offending. Analyses also revealed that numerous variables were related to depression among incarcerated male and female delinquents. This article ends with a discussion of policy implications for incarcerated delinquents.

Keywords: juvenile offenders; gender; violence; depression

On any given day in the United States, there are more than 90,000 juveniles confined in juvenile correctional institutions (Sickmund, Sladky, & Kang, 2005). Of these 90,000 institutionalized juveniles, 40% have been confined for committing a violent offense (Sickmund et al., 2005). Although policy makers and politicians tend to place a disproportionate focus on adult offenders, attention to institutionalized juvenile populations is justified on a number of fronts. One of the most significant concerns with the population of institutionalized juveniles is that they are most at risk of facing adult imprisonment once they exit the juvenile justice system and transition from adolescence to adulthood. In essence, previously institutionalized delinquents are most at risk of becoming the next generation of prisoners. This concern is not without merit, for recidivism figures have estimated that, in some states, as many as 55% of institutionalized juveniles will recidivate back into the criminal justice system as adults, many for a violent offense (Snyder & Sickmund, 2006). Although not

all repeat offenders will be institutionalized as adults, a significant portion will be, which makes a focus on institutionalized delinquents particularly important.

Perhaps more so than other institutionalized delinquents, incarcerated delinquents with violent tendencies often enter state institutions with multiple problems ranging from substance abuse, to mental illness, to stress brought on by traumatic life events. Many of these problems co-occur, making it increasingly difficult to treat and rehabilitate these multiple problem offenders. Juvenile correctional institutions are often faced with the responsibility of attending to these multiple problems while also ensuring that the juvenile is sufficiently punished for his or her acts. These sometimes-conflicting goals of rehabilitation and punishment often confound the process of juvenile corrections. Increased awareness concerning the special problems of the violent juvenile offender may decrease the chance that they will return to either the juvenile or adult correctional systems as violent adult offenders.

The route to violent offending by juveniles is long and influenced by many social and psychological factors. This article examines a group of juvenile offenders, many of whom are violent, housed in the Texas Youth Commission (TYC). This article first reviews the relevant literature concerning violent juvenile offending. It then examines gender differences in delinquent history and self-reported violent offending among this sample of institutionalized delinquents. It also examines gender differences on indicators such as maltreatment, life stress, mental health history, and depression. Multivariate analyses then examine the predictors of violent offending and depression among this sample of institutionalized offenders. This article concludes with a discussion of policy implications for institutionalized juveniles.

Violence Committed by Incarcerated Juveniles

An increase in juvenile arrests for Violent Crime Index offenses between the years 1988 and 1994 returned the national spotlight to violent juveniles. Awareness of increased violence among juvenile populations resulted in a media blitz on the issue as well as new policy initiatives focused on violent juvenile offenders, including more stringent arrest and court-based policies. After peaking in 1994, juvenile arrests for Violent Crime Index offenses declined steadily from 1995 to 1999 (Snyder, 2000). In 2003, the juvenile arrest rate for Violent Crime Index offenses continued to decline for the ninth consecutive year, reaching its lowest level since at least 1980 and falling 48% from its highest peak in 1994 (Snyder, 2005).

Even with a decline in the juvenile crime rate, according to the Census of Juveniles in Residential Placement (CJRP), in 2003 there was a nationwide total of 96,655 delinquent juveniles housed in residential placement facilities: 878 for homicide offenses, 7,452 for sexual assault offenses, 7,495 for aggravated assault offenses, and 6,230 for robbery offenses, for a total of 22,055 Violent Crime Index offenders (Snyder & Sickmund, 2006). Between 1997 and 1999, the state of Texas witnessed a 10% increase in the incarcerated juvenile male population and a 16% increase in the incarcerated juvenile female population. Of that population, 29% were Violent Crime Index offenders (Sickmund, 2004). In 2003, 6,687 boys and 972 girls in the state of Texas were housed in residential placement, of which 2,049 (1,881 males and 168 females) were incarcerated for committing Violent Crime Index offenses (Sickmund et al., 2005). Although violent arrests have decreased in the past several years, there is clearly a need to continue to examine the experiences and outcomes of violent juvenile populations.

Factors Affecting the Onset and Continuance of Juvenile Violence

Violent behavior is thought to progress in one of two developmental trajectories: early and late-onset violent behaviors. Early onset groups include those children committing their first violent act before puberty. Late-onset groups include those youth who do not become violent until adolescence. Early onset individuals are projected to be more violent, with increased rates of offending and a greater persistence of violent offending between childhood and adulthood (Stattin & Magnusson, 1996). Although the majority of violent youths are late onset (D'Unger, Land, McCall, & Nagan, 1998; Huizinga, Loeber, & Thornberry, 1995; Nagin & Tremblay, 1999), youths who are the most serious and frequent offenders who tend to persist into adulthood begin their violent behaviors in childhood (Loeber, Farrington, & Waschbusch, 1998; Tolan & Gorman-Smith, 1998). Several factors have been linked to violent offending including individual, family, and community dynamics. Among these many factors, we examine several: specifically, gang association, substance abuse, childhood maltreatment, and depression.

Gang membership among youth remains at peak levels, with every state reporting youth gang activity (Miller, 2001). Many studies have found that membership in a gang is a significant predictor of youth violence perpetrated by both males and females (Huff, 1998; Joe & Chesney-Lind, 1995; Palmer & Tilley, 1995; Thornberry & Burch, 1997). Although in the past juvenile females played subservient roles to males within gangs, increasingly they are found among independent female gangs and have been found by some researchers to be more violent than their male counterparts (Prairie View Prevention Services, 2000).

Violence tends to be an ingrained practice for youth gang members. Even individual initiation includes some form of brutality. Members are usually "jumped in," meaning they are forced to fight the other group members in an attempt to prove their belonging (Prairie View Prevention Services, 2000). Simple assaults, aggravated assaults, homicides and attempted homicides—commonly by drive-by shootings—are all normal practices for many youth gang members. Because of these violent activities, many juvenile gang members come to the attention of law enforcement and are often arrested for violent offenses and placed in juvenile correctional facilities.

Research has also found substance abuse to be a major risk factor for delinquency (Lexcen & Redding, 2000), especially as illicit drugs are often found when law enforcement responds to acts of violence (Osgood, 1995). There are a number of theories that seek to explain why youth initiate drug-taking behaviors. These include, but are not limited to, differential association, learning theory, and strain theory (Levinthal, 2006). Whatever the reason for beginning such behavior, it is the effects of drug use, dependence, and/or association that correlate with violent delinquency. Although there have been attempts to establish a causal relationship between drug use and violence, research has not been successful (Osgood, 1995; Watters, Reinarman, & Fagan, 1985) because of the fact that aggression and violence often precede drug use (Reese, Vera, Thompson, & Reyes, 2001).

Among incarcerated juvenile offenders, substance abuse may exist as one of multiple problems to be diagnosed and treated. The appearance of substance abuse is quite common among youth suffering from other disorders such as depression, anxiety, and conduct disorders. Lexcen and Redding (2000) have stated that for male youth suffering from conduct disorders, substance abuse may exist as a manifestation of the disorder. For females, however, who are most commonly diagnosed with depression or anxiety, substance abuse may evolve as a practice of self-medication (Lexcen & Redding, 2000). This in turn makes such problems difficult for correctional authorities to maintain. Most important, addictions must be recognized before they can be treated, making early diagnosis imperative to increasing functionality and decreasing further mental or emotional health issues among incarcerated juveniles.

Illicit and licit drugs affect each person differently, making it difficult to pinpoint and generalize a causal pattern between substance abuse and delinquency. Such behaviors are frequently correlated and often occur together. Therefore, increased research is needed on the characteristics of substance abusers as well as prevention efforts, formal and informal, and treatment options for addicted juvenile delinquents to better understand this phenomenon.

Maltreatment, whether in the form of abuse or neglect, has been shown to lead to negative, and sometimes aggressive, behavior patterns during adolescence and adulthood (Gover, 2002). Maltreated youth lack stability and a sense of security, which can affect them throughout their lifetime. Studies examining child maltreatment note the differences between these experiences based on gender. Wood, Foy, Layne, Pynoos, and James (2002) found that among a sample of incarcerated youth, females reported higher levels of sexual abuse, physical punishment, and psychological distress than did males. Another study of incarcerated youth found that 68% of girls reported being sexually abused and 73% reported being physically abused, whereas 46.8% of boys reported physical abuse and 9.9% reported being sexually abused (Lexcen & Redding, 2000). Because of their abuse history, female youth have been shown to behave in a way that is more likely to get them arrested and criminalized by the juvenile justice system (Simkin & Katz, 2002). The elevated rates of reported maltreatment among incarcerated youth are not surprising, as it has long been postulated that a history of abuse increases the likelihood that an individual will one day fall under the purview of the juvenile or criminal justice system. However, these numbers do highlight a complex problem to which correctional authorities must respond, as abuse history often leads to mental health issues and increased aggression.

A number of studies have examined the effect of maltreatment on mental health and delinquency. Depression is the most prevalent disorder found among victims of childhood sexual abuse (Briere, 1989; Finkelhor, 1990; Ratican, 1992). Depression is also common among youth who have experienced physical abuse (Gover, 2004). Furthermore, research conducted with incarcerated, maltreated youth has shown higher rates of mental health issues as compared to maltreated youth who have not been incarcerated (Steiner, Garcia, & Matthews, 1997). Lexcen and Redding (2000) compared less violent juvenile delinquents to more violent juvenile delinquents and found that those youth committing the more violent offenses often have injuries to their central nervous system from severe physical abuse. As the central nervous system controls emotion and impulsivity, these juveniles often lack the control needed to desist from violent or aggressive behaviors.

Gover and MacKenzie (2003) examined the relationship between maltreatment, anxiety, and depression to further understand the difficulties that youth face when placed into juvenile correctional institutions. They found juvenile delinquents to be at greater risk for child maltreatment and for experiencing psychological duress when placed in secured correctional facilities (Gover & MacKenzie, 2003). Gover (2002) explored the effects of maltreatment on violent offending and found that social risk factors, such as negative peer

associations, mediated the relationship between maltreatment and the frequency of offending. Therefore, efforts aimed at preventing violent juvenile offending should focus on experiences and effects of childhood and adolescent maltreatment.

Life stress experienced by youth in society today encompasses several issues in need of examination by those working with violent juvenile offenders. Although maltreatment and neglect can certainly be considered stressful life events, youth face other stressors such as poverty and living in unsafe neighborhoods, experiencing the death of a loved one, the incarceration of one or both parents, and failing out or dropping out of school. Interestingly, being referred to mental health services has also been shown to increase life stress among adolescents (Weist, Acosta, & Youngstrom, 2001). This stress could perhaps be caused by stigma, which may be associated with the perception of being mentally ill. Research has revealed that stressful life events are commonly related to emotional and behavioral problems as well as cognitive and social functioning issues among youth (Barocas, Seifer, & Sameroff, 1985; Compas, 1987; Compas, Howell, Phares, Williams, & Giunta, 1989). Therefore, it is important that attention is focused on life events causing stress among juveniles, especially juveniles who react to such stress with violent behaviors or delinquency.

Inner-city youth living in impoverished neighborhoods feel stress because of their existence in an unpredictable and often unsafe environment (Warner & Weist, 1996). In their examination on the effects of socioeconomic status and maltreatment on delinquency, Leiter, Myers, and Zingraff (1994) found socioeconomic status to be a significant risk factor in delinquency for children living below the poverty line. McLoyd (1998) further described the negative impact of poverty on academic achievement, aggression, and overall socioemotional functioning. It is certainly true that not all individuals raised in poverty-stricken families turn to delinquency or violence. The increased stress and fear found among those living in impoverished environments, however, does raise the chance of youth turning to delinquency for economic gain or becoming part of a subculture, such as a gang, in which violence is used as a form of expression. Therefore, characteristics of these environments as well as the effects such an environment has on individual attitudes and behaviors should be further examined.

Parental incarceration has also been shown to be a life stressor for youth. Adolescents who lose one or both of their parents to incarceration are affected by not only the loss of their parent but also by the behavior of their parental role model. It has been noted in the literature that children raised in families in which a parent is incarcerated are negatively affected as pertains to their development into well-functioning adolescents and adults (Johnson, 1995). In her examination of 1,112 youth, of which 31% had a parental history of incarceration, Dannerbeck (2005) found that juveniles with such a history will often be negatively affected by ineffective parenting and therefore more likely to have more serious and longer lasting delinquent histories themselves. However, Dannerbeck did not find evidence that parental incarceration history predicts delinquency. It is evident that losing a parent, whether to an illness, death, or incarceration, can be an extremely stressful event in a child's life that often has long-lasting negative effects.

School failure or becoming a "dropout" may also serve as an increased stressor for youth. Such behavior is often related to issues such as poverty and school environment (Kozol, 1991). The stigma attached to academic failure can be difficult for an adolescent to overcome. However, studies examining the relationship between academic failure and violent delinquency have found that this relationship is not causal. For example, Snyder and Sickmund (1995) have argued that although academic failure may lead to achievement problems as an adult, such failure does not predict violence or other serious delinquency. Academic achievement or failure could, however, affect the self-esteem of an individual. Although causal links have not been found between school failure and violent delinquency, such failure could lead to other problems that follow adolescents throughout their life course and therefore should not be ignored.

Rates of depression and suicide among adolescents in the United States are among the highest as compared to other countries across the globe (Sheras, 2000). Increased rates of depression have also been found among incarcerated populations (Boothby & Durham, 1999; Eyestone & Howell, 1994). Messier and Ward (1998) found that 37% of their sample of incarcerated youth were at risk for clinical depression. Although the prevalence rate of major depression is estimated to be between 5% and 8% among the U.S. population (Shaffer et al., 1996; U.S. Department of Health and Human Services, 2000), Teplin, Abram, McClelland, Dulcan, and Mericle (2002), in their study of detained youth, found that 13.0% of boys and 21.6% of girls met the criteria for a major depressive episode in the past 6 months. Higher rates of depression among incarcerated juveniles pose a significant concern for juvenile justice officials in that the disorder must be recognized, diagnosed, and treated for each individual. This translates into a need for increased staff, training, and other resources, which may stretch an already tight budget.

There are various pathways leading to depression or depressive episodes among youth. Child maltreatment, especially sexual and physical abuse, has been found to severely increase the probability that a juvenile will become depressed (Cermak & Molidor, 1996; Kaufman, 1991). Depression has been found in higher rates among adolescents who were direct victims of abuse as compared to those adolescents who never suffered such victimizations (Allen & Tarnowski, 1989; Kaufman, 1991). Interestingly, Gover (2004), in her examination of sexually abused incarcerated youth, found gender differences to be invariant as pertains to depressive relationships. This implies that although the rates of depression are higher among incarcerated juvenile females, their male counterparts who have been sexually abused are also more likely to report depression.

Although maltreatment has been shown again and again to be related to depression in adolescents, there are other factors that may lead to depressed feelings among incarcerated youth. The life stressors discussed above may also enhance feelings of depression. Living in an impoverished, unsafe environment; losing a loved one, especially a parent, to death or incarceration; and/or academic failure and the resulting shame can each have a negative effect on a child's sense of self-worth and emotional stability. Confinement may also increase the appearance of depression in institutionalized youth samples. The mere loss of freedom and perhaps the realization of, and guilt concerning, their actions may increase the chance of depressive symptoms among this population.

Depression is found at alarming rates among the incarcerated juvenile population. Mental issues associated with depression have been found to be related to increased aggression among both juvenile males and females (Knox, Carey, & Kim, 2003). Conducting further research on this disorder and its related symptoms will determine whether there is a causal relationship between depression and violent juvenile offending. In the meantime,

establishing prevention efforts and treatment paradigms for those incarcerated juveniles suffering from depression provides a way to confront the issue before it worsens.

Summary

Each of the factors discussed above has been shown to contribute to violent juvenile offending and will be examined further in the present study. Exposure to violence whether through media, family, or peers, including fellow gang members—leaves youth, both male and female, prone to accept and participate in violent activities. Childhood maltreatment and other life stressors have also been shown to negatively affect a juvenile's ability to function normally in everyday life. Traumatized or overstressed children may turn to violence and delinquency for a number of reasons, including learning such behavior from a parent who is abusive or incarcerated. Furthermore, depression and substance abuse have been shown to increase the likelihood of aggression by afflicted individuals. If these issues are recognized and attended to by juvenile correctional officials as a cause of violent juvenile offending, perhaps it would lessen violent recidivism.

The Present Study

This study aims to add to the existing literature by offering a comparison of juvenile males to juvenile females incarcerated in TYC facilities. The goal is to ascertain whether there are significant differences concerning the above-mentioned issues between these populations. It is hoped that the findings and implications can be used to better understand gender differences in violence and mental health among violent incarcerated delinquents, leading to an increased awareness of this issue and to enhanced policy and treatment initiatives.

Previous research has identified numerous factors related to violent juvenile delinquency. Although in the past female juvenile delinquents were not thought to be the violent offenders, the gender gap appears to be closing. The fact that more than 90,000 juveniles nationwide are currently incarcerated, many for violent offenses, poses a complex problem for the community at large and the justice system as a whole (Sickmund, Sladky, & Kang, 2005). Much of the research in this area examines individual issues as they relate to violent delinquency. Based on the research, our analyses examine whether there are gender differences in violent behavior and depression among a sample of newly incarcerated youth while considering the effects of maltreatment, poverty, life stress, gang membership, substance dependency, academic failure, and parental incarceration.

Specifically, we look to answer the following research questions: (a) Are there significant differences between male and female institutionalized delinquents in self-reported violent behavior? (b) Are there significant differences between male and female institutionalized delinquents in self-reported depression? and (c) Are intervening variables such as gang membership, life stress, child maltreatment, mental health, and substance abuse significant in predicting violent behavior and depression? Based on the literature, we hypothesize that there will be significant gender differences in both the self-reporting of violent behavior and depression. Furthermore, we hypothesize that gang membership, child maltreatment, mental health, substance abuse, and life stress will all be significant predictors of violent behavior and depression.

Data and Methods

Data Collection

Secondary data analysis will be employed to examine data originally collected for the Texas Commission on Alcohol and Drug Abuse (TCADA) by the Texas A&M University Public Policy Research Institute. Face-to-face interviews were conducted with newly admitted male and female delinquent youth to the TYC intake facility at Marlin, Texas between February 2000 and February 2001. Texas is home to the third-largest youth correctional system in the United States, which provides a unique opportunity for in-depth examination of a sizeable number of incarcerated youthful offenders (N = 1.083) who demographically mirror national level data (Snyder & Sickmund, 2006).

Youth were randomly selected from newly entering offender rosters and were asked to participate in the study. Few refusals produced a response rate of 98%. The face-to-face interviews took an average of 45 minutes to complete. The questionnaire consisted of six areas: prevalence of licit and illicit substance use, criminal history, physical and mental health, highrisk sexual behaviors, prior physical and sexual abuse, and demographics. Trained local public school teachers conducted the face-to-face interviews in private administrative offices located in the facility using laptops with Computer Assisted Personal Interviewing software.

Measures

Dependent Variables

The overall objective of this study is to examine differences in violent offending and depression between newly incarcerated male and female youth. The first dependent variable is violent offending and reflects recent (rather than lifetime) violent offending activity. To capture recent violent offending, subjects were asked how often they had engaged in the following behaviors during the 12 months prior to incarceration: (a) robbery with a gun, (b) robbery with a knife, (c) robbery without a weapon, (d) injured or killed someone, (e) threatened another with a gun, (f) threatened another with a knife, (g) shot a gun at someone, (h) cut someone with a knife, (i) sexually assaulted another, (j) beat up another person, and (k) participated in a drive-by shooting. These 11 items were summed together to create a violent behavior scale (range 0-10). This scale was dichotomized (0 = no, 1 = yes), representing what we termed "violent offender," which included those youth who reported currently serving a sentence for a violent crime and/or had committed at least one of the violent behaviors listed above in the past year (n = 812).

The second dependent variable of interest in this study was reported levels of depression between male and female youth. Using a shortened scale taken from the Center for Epidemiologic Studies Depression (CES-D) scale measure, we examined responses to five widely used items for depression. Subjects were asked how often during the same 12month period, they had (a) a poor appetite, (b) felt depressed, (c) restless sleep, (d) felt sad, and/or (e) lost interest in usually enjoyable things. Reliability analysis revealed that these five items produced an alpha of .76. In addition, a confirmatory factor analysis indicated that all five items factored on one factor with all items loading at the .60 level or higher. This depression factor explained 50% of the variance among the items.

Demographic and Control Variables

Age was measured as a continuous metric variable in years. Race was dichotomized to represent 0 = nonminority, or White, and 1 = minority, or non-White. For gender, 0 = minorityfemale and 1 = male. A proxy measure for "poverty" was measured by whether the subjects reported qualifying for free lunch programs at their school (0 = no, 1 = yes). The variable "drop out" represents youth who reported that they had dropped out of school prior to incarceration (0 = no, 1 = yes).

Stressful Life Events

Two single-item measures represent childhood abuse experiences of the subjects. Child sexual and child physical abuse were measured by two items asking: "About how many times while growing up were you: (a) beaten or seriously physically hurt by an adult? and (b) sexually mistreated, abused, or raped?" Youth who reported these experiences were classified as having been sexually and/or physically abused. Also, childhood neglect experiences were assessed by six items asking how often the youth (a) had no place to live, (b) did not have enough food to eat, (c) had inadequate clothing to wear, (d) was left alone when too young, (e) was not taken care of when sick or hurt, and (f) felt unsafe or in danger. These six items were summed together to represent childhood neglect. Reliability analysis produced an alpha of .75 for all six items. Confirmatory factor analysis revealed that all items factored on one factor with factor loadings of .63 and higher. This factor explained 48% of the variance among all six items.

To assess the impact of stressful life events as they differentiate violent offending and depression between boys and girls, a life stress scale was developed. Respondents were asked whether the following events had occurred during the past 2 years: (a) A parent or guardian lost his or her job, (b) parents or guardians divorced, (c) a new adult moved into their household, (d) they moved to a new place, (e) they changed schools, and/or (f) someone close to them had died. These six dichotomous items were summed to create the life stress scale.

Three additional single-item measures frequently associated with violent offending and depression among youth were also examined: (a) whether a parent had ever served time in jail or prison; (b) whether the youth had ever felt dependent on alcohol or drugs; and (c) whether the youth had ever been a gang member. All three dichotomous variables were measured as 0 = no and 1 = yes.

Analytic Strategy

Analysis for this study proceeds in three stages. First, we use descriptive bivariate statistics (i.e., chi-square and t tests) to examine differences in violent offending behavior, mental health histories, and depression scores between male and female offenders. In addition, bivariate correlation analysis is used to examine associations among all of the variables in the study. The second stage of analysis uses logistic regression to examine the effect of the predictor variables on violent offending. This analysis also allows us to determine whether gender is a significant predictor of violent offending after controlling for other demographic and independent variables. The final stage of the analysis uses OLS multiple regression to examine the effect of predictor variables when regressed on the depression scores. Again, we focus on the impact of gender on predicting differences in depression scores among the sample.

Sample

The average age of the subjects in this study (N = 1,083) was 15 years old. The majority was male (81%) and non-White (76%). Twenty percent reported that they had dropped out of school prior to incarceration, and the majority (58%) qualified for "free lunch" programs at their school. Regarding criminal histories, on average, the youth reported that they had been arrested six times (M = 5.96; SD = 5.36), served nearly five times (M = 4.74; SD = 3.86) in a juvenile detention facility, and had been placed on juvenile probation nearly two times (M =1.75) in the past. For each measure of contact with the juvenile justice system, the average age for first contact was 13 years old. This sample generally parallels national data regarding background characteristics of incarcerated youth in general (Snyder & Sickmund, 2006).

Results

Table 1 presents demographic, criminal history, and violent offending behavior differences between males (n = 874) and females (n = 208) in the sample. Few significant differences for demographic and criminal history characteristics were noted between males and females. Males were significantly more likely to be older than females (M = 15.4 and M = 15.3, respectively). Males were also significantly more likely to be minorities than females (79% versus 64%).

Interestingly, females reported having been arrested more times than males (M = 6.64and M = 5.36, respectively). Furthermore, female offenders were significantly more likely to have reported involvement in various violent offending behaviors during the prior year than male offenders (see Table 1). Specifically, girls were more likely to have threatened someone with a knife, cut someone with a knife, seriously injured or killed someone, or participated in a drive-by shooting and were more likely to be currently incarcerated for a violent offense than boys. Their increased violent involvement resulted in a higher mean on the summed violent behavior scale (M = 2.60; SD = 2.40) than the boys (M = 2.17; SD =2.21). The dichotomized measure for any violent behavior revealed no significant gender

Table 1 **Bivariate Differences in Demographic Characteristics and Offending Patterns**

Variables	Total S $(N = 1)$		Mal $(n = 8)$			ales 208)
Demographics	M	SD	M	SD	М	SD
Age (range 11-18)	15.4	1.12	15.4*	1.13	15.3	1.08
	No.	%	No.	%	No.	%
Minority	824	76	690***	79	134	64
School dropout	215	20	167	19	48	23
Qualify for free lunch	631	58	517	59	114	55
Criminal history	M	SD	M	SD	М	SD
No. times arrested	5.96	5.36	5.79	5.25	6.64*	5.72
Age at first arrest	13.02	1.71	13.02	1.73	13.02	1.59
No. times juvenile detention	4.74	3.86	4.65	3.86	5.09	3.84
Age at first detention	13.45	1.60	13.47	1.60	13.34	1.58
No. times juvenile probation	1.75	1.31	1.77	1.34	1.65	1.14
Age at first probation	13.39	1.56	13.41	1.57	13.29	1.45
This past year, have you engaged in:	No.	%	No.	%	No.	%
Robbery with no weapon	210	19	176	20	34	16
Robbery with gun	140	13	113	13	27	13
Robbery with knife	39	4	29	3	10	5
Beat someone up without weapons	600	56	473	54	127	61
Threaten with knife	193	18	133	15	60	29***
Threaten with gun	208	19	168	19	40	19
Cut someone with knife	111	10	66	8	45	22***
Shot someone with gun	211	20	183*	21	28	14
Seriously injured or killed someone	190	18	142	16	48	23*
Sexual assault or rape	77	7	67	8	10	5
Participate in drive-by	190	18	143	16	47	23*
Currently sentenced for violent offense	276	26	210	24	66	32*
	M	SD	M	SD	М	SD
Violent scale mean (range 0-10)	2.25	2.21	2.17	2.15	2.60*	2.40
	No.	%	No.	%	No.	%
Violent offender	812	75	650	74	162	78
Ever been a gang member	416	38	346	40	70	34
Parents ever serve time	325	30	253	29	72	35

^{*}*p* < .05. ****p* < .000.

differences, thus revealing that although males and females were equally as likely to report involvement in any violent activity in the past year, girls were more likely to engage in four of the specific offenses and to be incarcerated for a violent offense.

These findings are consistent with other research purporting the current trend of increased violent offending by female youth (Steffensmeier, Shwartz, Zhong, & Ackerman, 2005). Furthermore, the finding by Loper and Cornell (1996), that girls are more likely to use knives rather than firearms, is supported. The reported instances of violence also support the literature concerning girls' increased involvement in female gangs, as violent activities such as drive-by shootings and assaults are oftentimes common within the violent gang subculture (Prairie View Prevention Services, 2000). Taken as a whole, these findings support the current literature on violent delinquency committed by girls, both in frequency and type.

Of additional interest, no significant gender differences emerged for whether the youth had ever been a gang member, with 40% of the boys and 34% of the girls responding that they had been in a gang in the past. Also, both boys (29%) and girls (35%) were also equally as likely to report having a parent who served time in jail or prison.

Table 2 presents the bivariate findings for gender differences in maltreatment and life stress among the sample. Child maltreatment experiences are prevalent for the total sample, with nearly one third of all of the youth offenders having experienced either sexual and/or physical abuse. Neglect experiences were also reported by many of the youth in the sample. When looking at gender differences in maltreatment experiences, it is clear that female offenders are significantly more likely than males to have experienced nearly all of the maltreatment items, a finding that supports past research (Wood et al., 2002). Specifically, more than half (54% compared to 24% of the boys) of the girls reported having experienced either sexual and/or physical abuse. Girls were also significantly more likely to have had no place to live (24% versus 15%), to have been left alone when they were too young (30% versus 19%), to have not been taken care of when sick or hurt (17% versus 10%), and to have felt unsafe or in danger while growing up (42% versus 28%). These combined neglect experiences resulted in higher mean scores on the neglect scale for girls (M = 1.73, p < .01) than for boys (M = 1.02).

Females were slightly more likely to report having experienced most of the stressful life events during the past 2 years. Females were significantly more likely (37%; p < .000) than boys (24%) to report having had a new adult move into their household. Girls also had a significantly higher mean score (2.65; p < .05) for the summed life stress items scale than boys (2.42).

Table 3 reveals that mental heath issues and problems were most prevalent among the female offenders. Girls were significantly more likely to report having had contact with mental health systems. Specifically, girls reported being more likely to have seen a mental health professional in the past (53% versus 41%), more likely to have been subscribed prescription drugs for mental heath problems (50% versus 32%), and more likely to have been hospitalized in a mental health facility in the past (26% versus 11%). Moreover, girls reported greater suicide ideation (M = .88 versus .34 for males) and reported more mean attempts at suicide (M = .66 versus .21) than boys. Females were also more likely to report having felt dependent on drugs compared to males. The single item in Table 3 in which

Table 2
Bivariate Differences in Maltreatment and Life Stress Scale Items

Variables		Sample 1,083)		ales 874)		nales 208)
Maltreatment	No.	%	No.	%	No.	%
Abuse						
Physical	247	22.8	174	9.9	73	35.1**
Sexual	169	15.6	78	8.9	91	43.8**
Physical/sexual combined	326	30.1	213	24.4	113	54.3**
Neglect						
No place to live	181	16.7	132	15.1	49	23.6**
No food to eat	188	17.4	146	16.7	42	20.2
No clothes to wear	153	14.1	124	14.2	29	13.9
Left alone too young	226	20.9	163	18.6	63	30.3**
No care when sick/hurt	124	11.5	89	10.2	35	16.8**
Feel unsafe/in danger	329	30.4	242	27.7	87	41.8**
	M	SD	М	SD	М	SD
Neglect scale (range 0-6)	1.11	1.53	1.02	1.47	1.46**	1.73
Stress scale	No.	%	No.	%	No.	%
In the past 2 years, have/has:						
Your parent/s lost job?	352	33	283	33	69	33
Your parents divorced/separated?	262	24	208	24	54	26
You moved to new place?	547	51	443	51	104	50
A new adult moved into household?	285	26	209	24	76	37***
You changed schools?	606	56	479	55	127	61
Someone close to you died?	617	57	495	57	122	59
	M	SD	М	SD	М	SD
Stress scale (range 0-6)	2.46	1.45	2.42	1.42	2.65*	1.53

^{*}p < .05. **p < .01. ***p < .000.

boys scored significantly higher than girls was the measure that asked them to rate their current mental health. Higher average scores for boys (M = 3.13) than girls (M = 2.74) indicates that male offenders rated their current mental health condition more favorably than did the females.

Similarly, female offenders scored higher on each depression measure than male offenders (see Table 3). Girls reported more frequently having a poor appetite (M = 1.38; p < .000; versus .73 for boys), feeling depressed (M = 2.11; p < .000; versus 1.41), having restless sleep (M = 1.63; p < .000; versus 1.27), feeling sad (M = 2.08, p < .000; versus 1.59), and losing interest in usually enjoyable things (M = 1.73; p < .000; versus 1.42). Higher levels of reporting for

Table 3 Bivariate Differences in Mental Health Measures and Depression Scale Items

Variables		Sample 1,083)	Ma (n =)			males = 208)
Mental health (MH)	No.	%	No.	%	No.	%
Have you ever:						
Seen an MH professional	467	43.2	357	40.8	110	52.9**
Taken MH prescription drugs	387	35.8	283	32.4	104	50.0***
Been hospitalized in a MH facility	151	14.0	96	11.0	55	26.4***
	M	SD	M	SD	M	SD
How often in the past year have you: ^a						
Had thoughts of suicide	0.45	0.87	0.34	0.76	0.88***	1.12
Attempted suicide	0.30	0.74	0.21	0.63	0.66***	1.00
How would you rate ^b your MH currently?	3.05	0.91	3.13***	0.88	2.74	0.96
	No.	%	No.	%	No.	%
Have you ever felt dependent on drugs?	302	27.9	230	26.3	72	34.6*
	M	SD	M	SD	M	SD
Depression scale						
How often in the past year have you: ^a						
Had a poor appetite	0.86	1.06	0.73	1.00	1.38***	1.15
Felt depressed	1.54	1.11	1.41	1.09	2.11***	0.98
Experienced restless sleep	1.34	1.17	1.27	1.17	1.63***	1.14
Felt sad	1.67	1.03	1.59	1.03	2.08***	0.93
Lost interest	1.48	1.13	1.42	1.12	1.73***	1.15
Depression scale (range 0-15) Alpha = .75	6.90	3.90	6.41	3.79	8.95***	3.70

a. Scale: 0 = never, 1 = rarely, 2 = sometimes, 3 = frequently.

girls on the individual items resulted in a higher overall depression score (M = 8.95; p < .000) than boys (M = 6.41). These findings support past research finding that girls, more so than boys, will report symptoms of depression (Sheras, 2000; Teplin et al., 2002).

Table 4 presents correlations for the variables included in our multivariate analysis. The correlations show support for several hypotheses. In particular, having been physically abused, drug or alcohol dependent, having experienced more of the stressful life events, and having been a gang member are significantly associated with violent offending. Being a younger minority offender was also significantly associated with being a violent offender.

The correlations also reveal important associations among many of the variables and depression scores. Specifically, being a violent offender; dropping out of school; having been physically or sexually abused, neglected, and drug or alcohol dependent; and having

b. Scale: 1 = poor, 2 = fair, 3 = good, 4 = excellent.

^{*}p < .05. **p < .01. ***p < .000.

Table 4 Correlations Among Study Variables

	1	2	3	4	5	9	7	8	6	10	11	12	13	41
 Depression scale Violent juvenile Age Gender Minority School dropout Qualify for free lunch Physical abuse Sexual abuse Neglect Neglect Drug/alcohol dependent Stress scale 	1.00 0.10** -0.03 -0.25** 0.08** 0.01 0.23** 0.27** 0.27** 0.30** 0.01	1.00 -0.07* -0.03 0.06* 0.05 -0.01 0.07* 0.04 0.05 0.05	1.00 0.06* 0.01 0.10** 0.01 0.01 0.01 0.09**	1.00 0.13 ** -0.03 0.03 -0.14 ** -0.37 ** -0.04	1.00 0.05 0.17** 0.17** -0.20** 0.10** -0.15**	1.00 0.02 0.00 0.001 0.07* 0.05 0.05	1.00 0.06* 0.01 0.01** 0.08** 0.03	1.00 0.31** 0.45** 0.05 0.09** 0.15**	1.00 0.35** 0.02 0.08**	1.00 0.08** 0.25** 0.19**	1.00 0.08** 0.14**	1.00	1.00	
14 Gang member	0.03	0.20	-0.05	0.04	0.16**	**60.0	0.04	0.00	-0.03	0.04	*90.0	0.16**	0.18	1.00

p < .05. **p < .01.

experienced more life-stress events are significantly associated with higher depression scores. Females and White, nonminority offenders also had higher depression scores.

Multivariate Analysis

The bivariate findings offer partial support for our hypotheses. Research examining violent offending and depression among male and female delinquents has identified many of these factors as important predictors of violence and depression. No studies, however, have examined all factors simultaneously with a large sample of incarcerated youth. To address this gap, we use logistic regression and OLS multiple regression to examine which variables predict (a) violent offenders and (b) depression scores among our sample of incarcerated youth.

Table 5 provides the results of the logistic regression model assessing the impact of control and predictor variables on violent offending. Three variables significantly predicted violent offending among the total sample. Specifically, we found that violent offenders in our sample were younger and of minority racial/ethnic classification. Our model reveals that younger offenders were 15% (odds ratio .85) more likely to be classified as a violent offender. Minority offenders were 42% (odds ratio 1.42) as likely to report violent behavior as were White, nonminority youth. Furthermore, substance dependence, life stress, and gang membership were all significant predictors of violent offending. Our model reveals that substancedependent juveniles were 42% (odds ratio 1.42) as likely to report violent behavior as non-substance-dependent juveniles. Juveniles experiencing high life stress during the past 2 years were 13% (odds ratio 1.13) more likely to be violent offenders. In addition, juveniles who reported membership in a gang were 2.5 times (odds ratio 2.59) more likely to be violent offenders. This indicates that gang membership is an exceptional predictor as to whether juveniles engage in violent activity. Most important for the purposes of this study, gender did not significantly predict violent offending in our sample while controlling for other variables that have been identified as important factors in explaining gender differences in violent offending.

Depression Among Male and Female Offenders

When examining gender differences in self-reported depression among the sample, we were interested in exploring how many of the same variables used to predict violent offending might also explain higher levels of self-reported depression. In addition, we examined whether being a violent offender would result in higher levels of depression. Table 6 presents the results for three OLS regression models for the total sample, for males only, and for females only. Results for the total model reveal significant gender differences in levels of depression, with females having significantly higher scores on the depression scale. Gender accounts for the second most variance (Beta = -.15) in the depression scale, following drug or alcohol dependence (Beta = .18). Childhood maltreatment experiences emerged as significant for the total sample with physical abuse, sexual abuse, and neglect all predicting higher depression scores, a finding supported by past research (Briere, 1989; Finkelhor, 1990; Ratican, 1992). Those offenders who reported having experienced stressful life events in the past 2 years and those classified as a violent offenders also significantly predicted higher depression scores. The total sample model predicted 21% of the variance in the depression scale ($R^2 = .21$).

Logistic Regr	ession of Effects of	t Variables on	Violent Offendii	ng
Variables	В	SE	Wald	Exp. (<i>B</i>)
Age	-0.16*	0.06	5.80	0.85
Gender	-0.06	0.20	0.10	0.93
Minority	0.35*	0.17	4.00	1.42
School dropout	0.25	0.19	1.68	1.29
Qualify for free lunch	-0.19	0.15	1.58	0.82
Any physical abuse	0.35	0.21	2.83	1.42
Any sexual abuse	0.27	0.24	1.25	1.31
Neglect	-0.01	0.06	0.05	0.98
Parents served time	0.07	0.16	0.18	1.07
Drug/alcohol dependent	0.35*	0.18	3.36	1.42
Stress scale	0.12*	0.05	5.76	1.13
Gang member	0.94***	0.17	31.14	2.59
Constant	2.64	1.06	6.20	14.08
X^2/df	76.27/12			
P	<.000			
Nagelkerke R ²	0.10			
$Cox & Snell R^2$	0.07			

Table 5 Logistic Regression of Effects of Variables on Violent Offending

Table 6 Multiple Regression Results for Study Variables Predicting Depression Score

	-	Гotal		1	Males		Fe	emales	
Variables	b	SE	Beta	b	SE	Beta	b	SE	Beta
Age	-0.14	0.09	-0.04	-0.10	0.10	-0.03	-0.17	0.22	-0.05
Gender	-1.55***	0.29	-0.15						
Minority	-0.53*	0.26	-0.05	-0.63*	0.31	-0.06	-0.10	0.51	-0.01
School dropout	0.49	0.27	0.05	0.49	0.31	0.05	0.79	0.56	0.09
Qualify for free lunch	0.16	0.22	0.02	0.19	0.25	0.02	-0.30	0.47	-0.04
Physical abuse	0.71*	0.29	0.07	0.88**	0.33	0.09	0.31	0.56	0.04
Sexual abuse	1.20***	0.34	0.11	1.42**	0.44	0.10	1.16*	0.54	0.15
Parents served time	-0.31	0.23	-0.03	-0.11	0.27	-0.01	-0.94	0.48	-0.12
Neglect	0.34***	0.08	0.13	0.40***	0.09	0.15	2.55	0.17	0.01
Drug/alcohol dependent	1.64***	0.25	0.18	1.46***	0.29	0.17	2.38***	0.53	0.30
Stress scale	0.18*	0.07	0.06	9.98	0.08	0.03	0.51**	0.15	0.21
Violent juvenile	0.55*	0.25	0.06	0.49	0.28	0.05	0.88	0.57	0.09
Gang member	-4.45	0.23	-0.06	-0.15	0.25	-0.02	0.56	0.52	0.07
Constant	8.60***	1.54		6.67***	1.71		8.33*	3.55	
R^2	0.21			0.15			0.27		

p < .05. p < .01. p < .000.

To examine which factors might explain gender differences in depression scores, two separate models were developed by gender. Table 6 reveals several differences in predictors of depression between males and females. The regression model for males revealed that

^{*}p < .05. **p < .01. ***p < .000.

nonminority boys had higher depression scores. Furthermore, males who reported physical abuse, sexual abuse, or neglect also scored higher on the depression scale. Finally, males who were drug or alcohol dependent had higher depression scores. The model for males explained less variance than the model for the total sample ($R^2 = .15$).

The final model presented in Table 6 provides the coefficients for the female sample. Fewer factors emerged as significant predictors for female depression scores. Girls who reported sexual abuse, dependency on drugs or alcohol, and those experiencing life-stress events in the past 2 years had higher depression scores. However, these fewer factors explain the greatest variance in depression scores among the three models ($R^2 = .27$) and account for more than one quarter of the variance in the scores.

Limitations of This Study

The data used in this study are cross-sectional. Thus, the results reveal associations among the variables in this analysis. We cannot make causal statements about the findings because we do not know which variables precede others in time. The self-reporting nature of our data also presents limitations. Participants, if asked to report for a certain time period, may telescope events, including these in their responses. Furthermore, subjects can be untruthful in their answers, leading to over- or underestimation of occurrence. Finally, given the sensitive nature of some of the questions and the issue of social desirability, whereby answers thought to be expected were given rather than the truthful answers, may have confounded the findings. Although these limitations exist, our results do give insight into the lives of a large sample of newly incarcerated juvenile delinquents.

Discussion

National statistics report that thousands of juveniles are committed annually to institutions for violent offenses. Although the rate of juvenile crime has slowed, institutional commitment levels remain high. The more than 90,000 juveniles currently incarcerated nationwide represent a significant treatment and managerial dilemma for the administrators of youth facilities. What makes their job increasingly difficult is that the public's focus has been—and probably will continue to be so for some time—on adult crime and adult corrections. Violent juveniles therefore represent a form of compound interest that clearly needs our focused attention.

The findings reported in this article paint a disturbing picture of violent delinquent offenders committed to Texas institutions. Girls, although they represent a clear minority of commitments, reported to have perpetrated more violent offenses than their male counterparts. Girls also reported higher levels of maltreatment and depression than did the male delinquents. The analysis of the incarcerated Texas delinquents also showed that physical abuse, drug or alcohol dependence, stressful life events, and gang membership were significantly related to violent offending. The data also clearly demonstrated that many violent juvenile offenders, both male and female, enter institutions with significant mental health issues. How these youth cope with and adjust to institutional life, and then deal with their own personal

issues and maladies, although beyond the scope of this article, represents a serious challenge for policy makers and the public alike.

On a larger level, mental health issues pose significant problems for juvenile justice administrators too. With so many violent juvenile delinquents under their care, it is imperative that administrators develop policies and procedures conducive to both the treatment of mental illness, especially depression, and the securing of violent juveniles. Increased resources are needed to provide counseling, behavioral reconditioning, medications, and security for incarcerated juveniles suffering from mental illnesses. Resources are scarce, however. For example, the Pennsylvania Department of Corrections estimates that the cost of incarceration for an average offender is \$80 per day, whereas the cost of incarceration for a seriously mentally ill offender is \$140 per day (American Psychiatric Association, 2004). Although this example uses incarcerated adult populations, it is estimated that the cost differentials are similar to those of incarcerated juvenile populations. In a study of a national sample of juvenile detention centers conducted by the Bazelon Center for Mental Health Law and the Special Investigations Division for the Democratic Staff of the U.S. House of Representatives, it was discovered that 347 of 500 facilities across the United States were currently housing youth awaiting treatment for mental illness (Santini, 2005).

Violent, mentally ill offenders are also more likely to reoffend and return to juvenile or adult institutions, especially if they are not diagnosed and treated. This only increases the need for early recognition and treatment of mentally ill populations coming to the attention of the juvenile justice system. Scarcity of resources is not just a juvenile justice problem. There is often a lack of community resources to treat mentally ill, violent juveniles as well. A lack of resources and treatment increases the likelihood that more violent juveniles will enter the juvenile justice system because they have not received the care, attention, education, and treatment needed to control their feelings of anger and aggression.

It must be said that institutionalization of these offenders represents the "easy way out," a convenient solution to a nagging social problem. However, our conscience tells us that we as a society cannot afford to "throw away" anyone. This is the dilemma that confronts our society when dealing with the thousands of violent youthful offenders who flow into state institutions annually. We realize that violent juvenile delinquents represent a hard-core group of offenders. Although these offenders are in the minority, they represent the "fodder" for adult institutions. Given the constellation of issues these offenders bring to an institution, single-treatment regimens, such as substance abuse treatment, may not be enough to keep these offenders from returning.

Overall, there needs to be increased research, training, and services provided to incarcerated juveniles, especially violent girls and boys. Policy makers and funding organizations need to be aware of this critical issue that affects both the juvenile justice system and the communities to which these juveniles will one day return. Screening and assessment is imperative to identify those violent juveniles suffering from mental illnesses. If these youth are not identified, they will not receive the treatment needed to understand their disorder and overcome the violent tendencies often initiated by symptoms of mental illness. Treatment through the juvenile justice system should be integrated as well as gendersensitive and gender-specific, recognizing that boys and girls suffer from different issues and their needs are diverse. Finally, re-entry programs will only serve to enhance the treatment obtained in the juvenile justice system and further increase juvenile delinquents' chances for success once they return to their families and communities. All of these issues need to be considered by juvenile justice system officials when creating and implementing new policies and programs directed at violent juvenile delinquents.

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