

A TEN-YEAR DESCRIPTIVE FOLLOW-UP STUDY OF 50 DELINQUENT BOYS

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SUMMARY

Fifty admissions to a National Treatment Centre for Juvenile Offenders were followed up ten years later. Results showed a poor outcome in terms of recidivism. Psychosocial factors including family size, employment status and parental psychiatric history were reviewed, as were IQ and reading age of the individual offenders studied. Not surprisingly this revealed a vulnerable group. Various intervention strategies with reference to the literature for such at risk children and families are discussed.

KEY WORDS: juvenile delinquency; recidivism.

INTRODUCTION

Studies have shown repeatedly a consistent relationship between juvenile delinquency and large family size, marital disharmony, alcohol abuse in parents and overall social deprivation. A consistent relationship has also been shown with delayed reading age, below average scores on intelligence and achievement tests, conduct disorder of childhood and parental aggressive behaviour. Among the many follow-up studies of delinquents are those of Kolvin (1988), West (1982) and Robins (1978).

The aim of the following study was to assess 50 delinquent boys ten years after their first admission to a national treatment centre for young male offenders, with the above associations in mind.

METHOD

Fifty consecutive admissions during the period 1979-1980, from a well-defined geographical catchment area to a national treatment centre for young male offenders, were chosen for this study and followed up ten years later. Each admission file was reviewed and all relevant details taken. Each individual boy was contacted by letter, informing him of the study. A second letter was sent when difficulties in contacting individuals were encountered. Home visits were carried out and additional information was obtained confidentially from other relevant agencies.

RESULTS

Forty-nine of these boys were referred from the District Courts. One referral was by a Community Care Social Worker. Of these fifty boys, twenty were referred because of poor school attendance and thirty were referred because of antisocial behaviour, i.e. stealing, assault and malicious damage. The average age of the offenders was thirteen and a half years, and the age range was nine to eighteen years.

The average family size was 8.5, range 3-17 (the national average family size during the period 1979-1980 was 4.7). Two of the boys were adopted. In four cases father or head of household was deceased. In eight cases parents were separated. The total number of cases from one-parent families was fourteen (28%). Seventeen (34%) of the fathers were unemployed (the national unemployment rate in 1979 was 7.1%). Forty-five (90%) were described as living in Corporation housing and five (10%) in private homes.

In fifteen (30%) cases father was described as abusing alcohol, and in two (4%) cases mother was similarly described. In six (12%) cases fathers were described as violent. There were no reported cases of mothers described as violent. In eleven (22%) cases father was described as having a psychiatric illness, and in ten (20%) cases mother was described as having a psychiatric illness. In one (2%) case both parents were described as having a psychiatric illness.

Psychological assessment revealed the average IQ of the boys to be 86.5 (range 52-109). Nine boys (18%) were functioning within the Mild Range of Mental Handicap. Thirty-two (64%) boys were functioning within the Dull Normal/Borderline range of intelligence. Eight (16%) were functioning within the Average/Bright Average range of intelligence. One individual absconded prior to formal psychological testing. The average reading age was eight and a half years (range 5 years 10 months --12 years 11 months).

At the time of writing this paper only five (10%) of the original fifty boys had not re-offended. Fourteen (28%) are known to have drug abuse problems and nine (18%) are attending the National Drug Treatment Centre, five (10%) are HIV positive (this is likely to be an underestimate as many had not undergone HIV

testing, or were reluctant to give information regarding their HIV status), and two (4%) are deceased, both deaths directly related to accidents incurred while involved in criminal activity. Difficulties were encountered in establishing contact with many of the group. In some cases there was marked resistance and suspicion in meeting us. Several had changed addresses and others were serving prison sentences.

However, in contrast, the researchers were warmly received by many other families who welcomed the visits and used the opportunity to ventilate their feelings regarding their sons' problems. Given the difficulty in obtaining information, it is possible that the numbers abusing drugs and alcohol and testing HIV positive may be higher.

DISCUSSION

This study demonstrates a poor psychosocial outcome for the 50 boys, ten years later. It particularly shows a very high recidivist rate in that only five (10%) of the total number avoided reconviction over the following ten-year period.

Looking at the five boys who did not re-offend in more detail – see Table – it is interesting that the IQ level of three of these boys is in the average range. Given that the average IQ level of the total study was 86.5 (range 52-109), it may suggest that a higher score protects against recidivism. Only one of the non-re-offenders had abused drugs at follow-up. We were unable to ascertain the marital status of these boys at follow ups as it has been suggested in the literature that marriage may be a protective factor.

The group studied exhibit marked social and educational disadvantage, and this is in keeping with other studies which show a clear link between social disadvantage and antisocial behaviour (Kolvin et al.1989) and reading retardation and antisocial behaviour (Sturge, 1982).

In our study, boys displayed reading retardation and indeed the average reading age for the group of eight years and five months shows an overall delay of four years and two months.

Furthermore, the average Intelligence Quotient of 86.5 for the group indicates overall functioning in the Dull Normal range, with nine boys (18%) functioning in the Mild Range of Mental Handicap. It is also worth noting that twenty-one boys were referred for residential assessment because of truancy. This has important implications in terms of prevention and highlights the need for a national school-based and community intervention programme to deal with this serious problem.

How then can we prevent similar poor outcomes for conduct disordered children and adolescents?

Michael Rutter, in his paper “Prevention of Children’s Psychosocial Disorders: Myth and Substance” (1982), reminds us there are few interventions of proven value, but that nevertheless there are possibilities for effective prevention. In terms of prevention, there is general agreement that intervention needs to be effected at an early age, preferably pre-school age. With regard to preventative measures, Offord et al (1988) have identified factors associated with conduct disorders:

- (1) Male gender;
- (2) Eldest child;
- (3) Member of large sibship (i.e. four or more siblings)
- (4) Member of a dysfunctional family.

However the same authors also identified possible protective factors against conduct disorder, among them being:

- (1) A good relationship with a parent/adult
- (2) Compensatory good experiences, i.e. school competence or skill development
- (3) Improvement in social circumstances
- (4) Employment
- (5) Voluntary change to a less deviant peer group.

Several preventative pre-school studies deserve special mention, namely, the Perry Pre-School Project and Weikert’s High Scope Programme. Both have been shown to be effective in the long term, in social and school adjustment and reduced criminal involvement.

The Perry Pre-School Project involved the provision of a daily pre-school programme to black children from low income homes. The duration of the pre-school programme lasted two years and also involved weekly home visits. Follow-up was made periodically until the age of 19, at which time this group had attained a better educational level, better employment history and less criminal involvement than a control group.

Weikert’s High Scope Programme similarly involved a well structured, cognitively orientated pre-school curriculum coupled with home visits. Follow-up at twenty-one years showed significant gains for dis-advantaged children involved in this programme.

Similarly, the Syracuse University Family Development Research Programme, aimed primarily at black single mothers, has shown on follow-up that their children showed improved self-esteem and school performance, and were involved in fewer

and less severe offences. The programme provided support with regard to child rearing, family relationships and social functioning over a five-year period.

Within the Eastern Health Board area, i.e. Dublin and its environs, a community-based programme called The Community Mothers Programme has been evaluated in recent years. This programme was initiated in 1983. It utilised the experience of the Child Development Programme (CDP, 1980-1983) which was funded by the Bernard Van Leer Foundation of The Hague and was carried out under the aegis of the Early Childhood Development Unit in the University of Bristol. This programme provides support at community level to first-time mothers.

Volunteer mothers who themselves have undergone a training programme are involved in befriending vulnerable mothers in the community. Thus attempts are made to build on the resources and self-esteem of these parents through a combination of support, encouragement and education. It has been shown that these volunteer mothers befriending schemes have significant effects on the emotional and behavioural status of children.

This study raises also important questions as to what preventative role schools might undertake with regard to children and adolescents at risk of delinquent careers.

For a start, at pre-school level there is evidence that programmes which allow children to plan their environment, help them to actively learn, i.e. Perry Pre-School Project, Weikert's High Scope Programme and the Syracuse University Family Development Research Programme. Such schemes obviously can work and they show the value of preventative interventions at pre-school level.

At the primary school level, Kolvin et al (1988) have shown that direct intervention can work. Professor Kolvin and his colleagues undertook an extensive research study during the period 1972 to 1979 on 265 7-year olds and 309 11-year olds, the results published in the book entitled *Help Starts Here: The Maladjusted Child in the Ordinary School*.

Four different therapeutic approaches were used and the results suggested that in terms of improvement and outcome those involved in group therapy and behaviour modification did best. The authors of this book, while highlighting the importance of family dynamics and environment in the treatment of children at risk of developing psychiatric disorder, also highlight the important interventions that can be made with the children themselves and, as their study shows, within the school environment. This research has important implications for further work.

At secondary school level, it is clear that students who are weak academically cannot cope with a highly academic curriculum. The need for remedial teaching is of paramount importance. In addition, a curriculum focused more on social and life

skills may be more appropriate and help to prepare these young people for their future. Outreach programmes to these youngsters in their communities may also have more impact, particularly for those who disengage from school attendance. These are already in existence in certain areas but need to be extended nation-wide, with particular focus on disadvantaged areas.

Furthermore, while intensive support for children and families at pre-school level has been shown to be effective, this suggests that many of these families may require on-going support throughout their school years.

Finally, the problem of school non-attendance and truancy needs to be tackled effectively. This study shows that 20 out of the 50 boys were referred for poor school attendance. We believe it essential that a national strategy be devised to combat this serious problem. This would require a co-ordinated approach from the Departments of Education, Health and Justice who have overall statutory responsibility for the needs of children.

CONCLUSION

There is perhaps no more controversial issue than how to tackle disadvantage and foster healthy and flourishing home environments for our children. It is far more complicated than simply an issue of providing finances. It requires vision and energy to tackle the complex relationship between factors which contribute to the development of delinquent behaviour, the results of which this study all too clearly highlights. Given the overall poor outcome demonstrated in this study, it behoves us to seek effective measures to prevent similar outcomes. The research literature to date has suggested pathways for us to take. It is up to us as a society to make the journey.

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	IQ	Reading Age Arithmetic Age	Crime	Parents	Occupation	Drug Abuse at Follow up
1.	Average	RA: 12.5 AA: 15+	Larceny	2	Chef	–
2.	Average	RA: 5	Mitching	2	Army Father Alcohol abuse+	–
3.	Borderline	RA: 9.6	Assault	2	Electrician father Alcohol Abuse+	–

4.	Dull Normal	RA: 6.5	Mitching	2	Unemployed father-Alcohol Abuse+	+
5.	Average	RA: 10.2 AA: 13	Mitching	2	Unemployed Father-Alcohol Abuse	-