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Professional caregiver's knowledge of self-reported delinquency in an adolescent sample in Swiss youth welfare and juvenile justice institutions

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ABSTRACT

Since an important goal of the youth welfare system is to prevent troubled adolescents from committing acts of delinquency in future, professional caregivers need to possess accurate knowledge about past behaviors in order to implement appropriate interventions. As part of a comprehensive study on youth in state care, adolescents at 30 residential care facilities in Switzerland were surveyed about past acts of delinquency, and their responses were compared to those of their professional caregivers to see how well they correlated. A sample of 267 male and female adolescents aged 11–18 years completed questionnaires about the frequency, nature, and seriousness of different types of offenses, while a designated caregiver for each resident completed a corresponding questionnaire. The majority of residents (86.1%) reported having committed at least one offense, which confirms the prevalence of problem behaviors in this population and the need for strategies to prevent it. The overall rate of agreement between the residents and their caregivers was 77.2%, with both parties reporting that the resident had committed at least one offense in 69.7% of cases, and both reporting that no offense had been committed in 7.5% of cases. Agreement was substantially higher for offenses that were serious than for those that were minor or moderate. Cohen's kappa reached slight to moderate values with regard to individual and categorized offenses. Seriousness scales of delinquency for self-reports and caregiver reports were moderately associated. While the overall rate of agreement between the residents and their caregivers was high, increasing it still further might lead to improvements in strategies for the prevention of recidivism.

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1. Introduction

In Switzerland, residential facilities for young people in state care will often house both individuals who have been convicted of delinquent behaviors and those who are institutionalized for other reasons, including cases of abuse and neglect. A central goal of the pedagogical work carried out in these facilities is to prevent future delinquent behavior, especially in individuals who have already engaged in criminal acts. However, it has to be assumed that professional caregivers do not have such knowledge in every single case, especially if past engagement in criminal acts has not been recorded officially. The more awareness that caregivers have of their charges' history of offenses and hence of the risk to reoffend, the better prepared they would be to take appropriate action to reduce recidivism. There is currently a lack of data on the prevalence of delinquency among youth in the German-speaking

juvenile welfare system, as well as on the level of awareness of this by their caregivers.

1.1. Prevalence of delinquency in residential care

Some indications of the prevalence of delinquency in the overall German-speaking adolescent population have been obtained. In a survey of German students with an average age of 16 years, the lifetime prevalence of self-reported delinquent acts was found to be 24% for property damage offenses, 47% for property offenses such as stealing and shoplifting, 18% for violent offenses, and 54% for any type of offense (Münster Longitudinal Study; Boers & Walburg, 2007). In a Swiss sample of students aged 15 to 17 years, the lifetime prevalence of violent offenses was 23% (Eisner, Manzoni, & Ribeaud, 2000), and a study that looked at international rates of youth delinquency found the prevalence rates in Germany and Switzerland to be generally comparable (Junger-Tas, Marshall, & Ribeaud, 2003). To date, however, no studies have examined the self-reported prevalence rates of delinquency in adolescents living in residential care in the German-speaking youth welfare system. It can be assumed that these rates would be considerably higher than those seen in the general population, partly

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because abuse and other traumas experienced in childhood are related to delinquent behavior and other behavioral problems (Greenwald, 2002; Jaffee, Caspi, Moffitt, & Taylor, 2004; Stouthamer-Loeber, Loeber, Homish, & Wei, 2001), and partly because being in residential care is often associated with trauma (Burns et al., 2004; Dölitzsch et al., 2014; Hukkanen, Sourander, & Bergroth, 2003; Richardson & Lelliott, 2003). Thus, children and adolescents who come from difficult backgrounds and who live in group homes are often at high risk for delinquent behavior, even if their placement was not due to a criminal conviction. Accurate knowledge on the part of caregivers of individual residents' history of delinquency is desirable in order to implement effective preventive interventions. However, it is not known to what extent staff members are aware of these behaviors, especially in the setting of the juvenile welfare system.

1.2. Kinds of reports used to gather data about delinquent behavior of adolescents

Studies that have used the approach of comparing self-reports with official records have found a moderate to high agreement or validity between these two sources of information (e.g., Babinski, Hartsough, & Lambert, 2001; Farrington et al., 2003; Jolliffe et al., 2003; Kazemian & Farrington, 2005; Maxfield, Weiler, & Widom, 2000; van Batenburg-Eddes et al., 2012). Reasons for deviations are due to biases in both sources. Respondents may conceal, exaggerate, or forget offenses; may report trivial incidents that had not been officially recorded; may not perceive their actions as offenses; or in some cases may actually not have understood that they had been arrested (Farrington, Loeber, Stouthamer-Loeber, van Kammen, & Schmidt, 1996; Huizinga & Elliott, 1986; Jolliffe et al., 2003). Moreover, items on a questionnaire may be worded unclearly and hence misinterpreted (Farrington et al., 1996). In turn, official records may not include cases where the offender was not detected, charged, or convicted; for example, in situations where an offense was not reported to the police by victims or witnesses, or where the police showed leniency, both of which may occur depending on factors such as the offender's social status or the relationship between victim and offender (Brame, Fagan, Piquero, Schubert, & Steinberg, 2004; Huizinga & Elliott, 1986; Jolliffe et al., 2003). Accordingly, both over-reporting and under-reporting of offenses may occur in some subgroups (Krohn, Lizotte, Phillips, Thornberry, & Bell, 2013). Agreement between self-reports and official data has been shown to be higher for more serious offenses, both because respondents remember them more clearly, and because there is a higher likelihood of detection of and conviction for such offenses (Köllisch & Oberwittler, 2004; van Batenburg-Eddes et al., 2012).

A limitation of studies that gather data in this way is that they cannot be conducted anonymously since the respondent's identity is necessary in order to connect the two data sources. Surveys of school samples that were conducted anonymously have revealed that the self-reported prevalence of delinquency is much higher than the officially registered rate, and trends in prevalence rates can be very different, which suggests variation in the frequency of victims' reports to the police rather than in the actual frequency of delinquent acts (Ribeaud & Eisner, 2009). While some researchers have criticized the self-report method (e.g., Henry, Moffitt, Caspi, Langley, & Silva, 1994), it has been found to be quite reliable (Junger-Tas et al., 2003).

Studies that have compared self-reports of delinquent behavior with sources other than official records are few. In a comparison of self- and parent-reported lifetime prevalence of delinquent and antisocial behavior in boys (Loeber, Stouthamer-Loeber, van Kammen, & Farrington, 1989), the prevalence rates were found to be comparable for many offenses, such as shoplifting, stealing at school, or hitting siblings. In a study of boys from the general population, Farrington et al. (1996) constructed two seriousness scales: one that used self-report data in which respondents were assigned to one of four categories according to the most serious offense to which they admitted, and a combined scale

that used data from the boys, their primary caregivers, and their teachers. Compared to official data, both scales had comparable concurrent validities, but the combined scale reached better predictive validities than the self-reported scale for several classes of offenses. In general, soliciting information from caregivers avoids some of the problems of self-reports since the probability of the caregiver hiding or exaggerating offenses or misinterpreting delinquent behavior might be lower. On the other hand, caregivers naturally may not be aware of all the offenses that their charges have committed.

Some questionnaires that were developed for general screening of child and adolescent behavior, such as the Youth Self Report (YSR; Achenbach, 1991b) and the Child Behavior Checklist (CBCL, Achenbach, 1991a), include scales on delinquent and aggressive behaviors. Studies that have looked at the agreement between the YSR and CBCL on these scales have found a range of effects varying from small (e.g., Barker, Bornstein, Putnick, Hendricks, & Suwalsky, 2007) to medium (e.g., Rey, Schrader, & Morris-Yates, 1992; Sourander, Helstelä, & Helenius, 1999; van der Ende & Verhulst, 2005) to large (e.g., Penney & Skilling, 2012; van der Ende, Verhulst, & Tiemeier, 2012). In other studies, adolescents have been found to report lower rates of delinquent behavior than the rates reported by their parents or other primary caregivers, in samples that have included patients (Kolko & Kazdin, 1993; Salbach-Andrae, Lenz, & Lehmkuhl, 2009), young offenders (Butler, MacKay, & Dickens, 1995), residents of various types of institutions (Handwerk, Larzelere, Soper, & Friman, 1999), and the general population (Barker et al., 2007).

1.3. Questions answered by the present analysis

In summary, it remains unclear what is the prevalence of delinquent behavior among adolescents in the youth welfare system, how aware professional caregivers are of these behaviors, and how much concordance there is between resident and caregiver reports. These questions were investigated as one component of a comprehensive study on goal attainment and prevalence of psychiatric disorders among youth in the youth welfare and juvenile justice system in Switzerland (Schmid, Kölch, Fegert, & Schmeck, 2013).

2. Methods

2.1. Study design

Between 2007 and 2011, researchers in the departments of child and adolescent psychiatry and psychotherapy at the University Hospital of Basel in Switzerland and the University Hospital of Ulm in Germany conducted a joint study aimed at evaluating the goals and outcomes of adolescent institutional care in Switzerland ("Swiss study for clarification and goal attainment in youth welfare and juvenile justice institutions", MAZ.). Of all youth-care facilities contacted, 35% agreed to take part; and within these institutions, about 32% of residents agreed to participate. The representativeness of the sample was checked by comparing it against a sample of adolescents who declined to participate in the study, by asking their professional caregivers to complete either the Child Behavior Checklist (for residents aged 6 to 18 years; Achenbach, 1991b) or the Young Adult Behavior Checklist (for residents aged 18 to 26 years; Achenbach, 1997). The frequency of adolescents whose data were in the clinical range did not differ between those who agreed and those who declined to participate, which suggests that the study sample was representative of residents in youth welfare and juvenile justice institutions in Switzerland.

The overall study was conducted in two phases, where the first phase included only institutions in the German-speaking regions of Switzerland and the second was extended to the French- and Italian-speaking regions as well. A total of 592 residents aged 6 to 26 years were asked to complete computer-administered questionnaires on delinquency, psychological stress, psychopathy, drug use, trauma,

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