



Gender differences in psychiatric disorders and clusters of self-esteem among detained adolescents



Lore Van Damme^{a,*}, Olivier F. Colins^b, Wouter Vanderplasschen^a

^a Department of Special Education, Ghent University, Ghent, Belgium

^b Curium-Leiden University Medical Centre, Oegstgeest, The Netherlands

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ABSTRACT

Detained minors display substantial mental health needs. This study focused on two features (psychopathology and self-esteem) that have received considerable attention in the literature and clinical work, but have rarely been studied simultaneously in detained youths. The aims of this study were to examine gender differences in psychiatric disorders and clusters of self-esteem, and to test the hypothesis that the cluster of adolescents with lower (versus higher) levels of self-esteem have higher rates of psychiatric disorders. The prevalence of psychiatric disorders was assessed in 440 Belgian, detained adolescents using the Diagnostic Interview Schedule for Children-IV. Self-esteem was assessed using the Self-perception Profile for Adolescents. Model-based cluster analyses were performed to identify youths with lower and/or higher levels of self-esteem across several domains. Girls have higher rates for most psychiatric disorders and lower levels of self-esteem than boys. A higher number of clusters was identified in boys (four) than girls (three). Generally, the cluster of adolescents with lower (versus higher) levels of self-esteem had a higher prevalence of psychiatric disorders. These results suggest that the detection of low levels of self-esteem in adolescents, especially girls, might help clinicians to identify a subgroup of detained adolescents with the highest prevalence of psychopathology.

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1. Introduction

Detained minors constitute a heterogeneous group of youths, not only with respect to past and future criminal offenses (Colins et al., 2009, 2011; Plattner et al., 2012; Colins et al., 2013), but also with respect to current features that may jeopardize their future well-being. This study focused on two features (psychopathology and self-esteem) that have received substantial attention in the literature and clinical work, but have rarely been studied together in detained youths.

1.1. Psychiatric disorders

Studies involving detained adolescents have consistently shown a high prevalence of psychiatric disorders (Fazel et al., 2008; Colins et al., 2010). Unfortunately, detained female adolescents have been understudied (Vermeiren, 2003). Because of the apparent increase in detained girls in recent years (Snyder and Sickmund, 2006; Puzanchera, 2009) more prevalence studies involving girls have been conducted (Hamerlynck et al., 2008; van Doorn et al., 2012). Still, few

of these studies have included male as well as female adolescents. Consequently, ascertaining gender differences in the prevalence of psychiatric disorders depends on comparisons of findings from pure male (Kroll et al., 2002; Vreugdenhil et al., 2004; Colins et al., 2009) and pure female samples (Dixon et al., 2004; Lederman et al., 2004). Methodological differences (e.g., instruments and time frame used to assess psychiatric disorders) between these studies have hampered a sound evaluation of gender differences across studies (Colins et al., 2010).

The few prevalence studies that have included both male and female adolescents generally showed that detained girls more often met diagnostic criteria for anxiety and affective disorders (Teplin et al., 2002), attention-deficit/hyperactivity disorder (ADHD; Karnik et al., 2009), substance use disorders (SUDs) other than marijuana and oppositional defiant disorder (ODD) (Gretton and Clift, 2011). However, the studies involving detained male and female adolescents predominantly originated from the US and Canada. Therefore, it is uncertain to what extent these findings can be generalized to European countries, which have a different socio-demographic make-up and organization of the juvenile justice and (mental) health care system (Colins et al., 2013). There is substantial evidence that psychopathology varies in its expression both cross-nationally and cross-ethnically in community as well as detained adolescent populations (Vermeiren et al., 2004; Karnik et al., 2010; Veen et al.,

* Corresponding author. Tel.: +32 9 331 03 08; fax: +32 9 331 03 15.

E-mail address: lore.vandamme@ugent.be (L. Van Damme).

2010; Richter et al., 2011). Because of differences in the ethnic composition of detained youth in Europe (e.g., where North-Africans represent an important group) compared to the U.S. (e.g., where Afro-Americans form a highly prevalent group), differences in the prevalence of psychiatric disorder are likely to occur (Colins et al., 2013). Also, in some U.S. communities, adolescents are arrested and temporarily detained if no appropriate mental health services to manage their behavior are available (Grisso, 2004). In contrast to the U.S., mental health services are more available in European countries such as the Netherlands (Vreugdenhil et al., 2004). Consequently, youths in the U.S. may receive mental health services for the first time while in detention. Because of differences in the organization of the juvenile justice and (mental) health care system, detained youth in the U.S. may display higher rates of mental health problems than their counterparts in European countries.

Only one European study has explored gender differences in the prevalence of psychiatric disorders in detained adolescents (Plattner et al., 2009). Girls had higher prevalence rates of anxiety disorders and substance dependence than boys, while no gender differences existed for affective disorders, ADHD, ODD, and conduct disorder (CD) (Plattner et al., 2009). Although this study showed that gender differences are also present in detained youths in a European country (i.e., Austria) (Plattner et al., 2009), the results must be interpreted in light of some limitations. First, only a relatively small number of detained girls ($n=56$) were included, hampering the ability to draw firm conclusions. Second, the assessment was conducted with a diagnostic interview not commonly used in forensic samples (Colins et al., 2010). Further research is thus needed to determine whether their findings can be replicated when using widely used diagnostic interviews, such as the Diagnostic Interview Schedule for Children-IV (Shaffer et al., 2000).

1.2. Self-esteem and psychiatric disorders

Self-esteem is an important construct that has received considerable attention in the study of mental health problems (Bolognini et al., 1996) and antisocial behavior (Donnellan et al., 2005). Detained girls constitute a challenging group of youths displaying severe antisocial behavior, as well as high levels of psychiatric disorders. Moreover, the legal involvement and detention itself can be perceived as a very stressful and pervasive situation that may negatively impact the youngsters' self-esteem and mental health (Adams et al., 2003; Barendregt et al., 2012). Surprisingly, the relationship between self-esteem and psychiatric disorders in detained adolescents has rarely been addressed (Matsuura et al., 2009). Whereas positive self-esteem is considered a basic feature of psychological well-being, low self-esteem is thought to play a critical role in the development of psychopathology (Mann et al., 2004). Consequently, adolescents with psychiatric disorders are expected to have lower self-esteem than adolescents without psychiatric disorders. Yet, this speculation is tentative for two reasons. First, the evidence to support this argument mainly arises from studies focusing on internalizing disorders (Orth et al., 2009). Indeed, studies on the relationship between self-esteem and externalizing disorders yielded mixed findings (Sandstrom and Jordan, 2008; Locke, 2009), while the few studies that have assessed both categories of disorders did not take into account their frequent co-occurrence (Marsh et al., 2004). Consequently, these results are difficult to integrate given the empirical evidence that many detained youths have both internalizing and externalizing disorders (Colins et al., 2009). Second, the relationship between self-esteem and psychiatric disorders may depend on the operationalization of self-esteem. An influential approach in the literature on self-esteem differentiates between self-evaluations representing one's sense of competence across particular domains and self-evaluations representing the global characteristics of an individual (Harter, 1999). From this multidimensional perspective,

domain-specific self-evaluations affect global self-worth, depending on the subjective significance of each domain. This is particularly so in adolescence, where various domains of self-evaluation become increasingly differentiated (Harter, 2003). Although most previous studies have focused on global self-worth (Wills, 1994; Donnellan et al., 2005), some studies have focused on one or more domain-specific self-evaluations and showed that these dimensions are related differently to psychiatric disorders (DuBois and Silverthorn, 2004; Marsh et al., 2004). To better understand the relationship between self-esteem and psychopathology, a multidimensional approach to self-esteem seems important.

1.3. Study aims

The first aim of this study was to examine gender differences in psychopathology. We hypothesized that the prevalence of psychiatric disorders is higher among girls, except for marijuana use disorder and CD. The second aim was to examine gender differences in self-esteem. We hypothesized that girls have lower levels of self-esteem, except for the domain of Behavioral Conduct (Birndorf et al., 2005; Moksnes et al., 2010). The third aim was to study the relationship between psychopathology and self-esteem, using a conceptual model [the multidimensional model of Harter (1999)] and statistical approach [model-based cluster analyses (MBC)] that takes into account that individuals can display a specific pattern of low and/or high levels of global self-worth and self-evaluation across several domains. By using this person-centered and holistic approach, we attempted to identify distinct clusters of self-esteem. We expected to find at least one group that is generally low and one that is generally high in self-esteem. We also hypothesized that adolescents with lower self-esteem have higher rates of psychiatric disorders than adolescents with higher levels of self-esteem.

2. Methods

2.1. Participants

Between 2005 and 2007 (i.e., boys) and 2008 and 2011 (i.e., girls), 304 boys and 240 girls from the single-sex Youth Detention Centers (YDCs) in Flanders, Belgium were recruited in two consecutive studies. Placement in YDCs is only possible following referral by the juvenile judge because of an offense or a problematic educational situation, and is considered to be the harshest measure a juvenile judge can impose. Of the 544 recruited adolescents, 48 could not be assessed due to practical circumstances (e.g., daily activities) and 56 adolescents declined to participate, resulting in a participation rate of 80.9% ($n=440$). A detailed description of both samples has been published previously (Colins et al., 2008; Colins et al., 2009; Colins et al., 2014).

Boys were included if the following criteria were met: (i) placed in the YDC for at least 1 month; (ii) sufficient knowledge of Dutch; and (iii) of Belgian or Moroccan origin. Girls were included if they met the first two criteria. Given the low number of detained girls in Flanders, we included girls from all origins. Yet, regarding the non-Belgian group, girls of Moroccan origin ($n=16$) did not differ significantly from girls of another foreign origin ($n=31$) in self-esteem and psychopathology (details available upon request from the first author).

The sample consisted of 44.3% girls and 55.7% boys, ranging in age from 12 to 17 years ($M=15.88$; $S.D.=1.06$). One-fourth of the participants was of non-Belgian origin and 41.6% had been detained in the past. Males had been detained more often in the past [50.6% versus 30.3%, $\chi^2=18.52(1)$, $p<0.001$], and were older [$M=15.98$; $S.D.=1.09$ versus $M=15.76$; $S.D.=1.01$, $t=2.22(438)$, $p=0.027$].

2.2. Procedure

This study was approved by the Institutional Review Board of the Faculty of Psychology and Educational Sciences of Ghent University. Because screening of emotional problems is a mandatory task in YDCs, the requirement for parental consent was waived. Participants were approached and assessed following a standardized protocol. Detainees meeting the inclusion criteria were approached individually and given oral and written information about the aims, content, and duration of the study. They were assured that their information would be treated confidentially and that refusal to participate would not affect their judicial status or stay in the YDC. The adolescents could consult an adult about participation and written informed consent

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