

Relationship between juvenile delinquency and mental illness



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Abstract

There are many reasons why a child becomes a juvenile delinquent. A dysfunctional family life, severe poverty, little supervision and/or discipline and abuse are some of the causes. However, mental illness is the number one cause of children becoming juvenile delinquents. According to the National Center for Mental Health and Juvenile Justice, roughly 65-75% of all children currently in the system have some form of mental illness. (ncmhjj.com).

Statement of the Problem

Proper diagnosis of mental health issues, at an early age, can help thwart future delinquency. However, not every child grows up in an environment that allows this to occur. Children with a true mental illness often show signs early in life, while others do not.

My interest in this subject is immense. I have one son that began his career in delinquency at the age of 9. His first event was setting a fire in the woods.
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Two weeks later, his father passed away. While he was very well-behaved at home, issues began to arise in school. The disruptive behavior that school officials would call me about were shocking to me as he did not act like this at home. At the age of 8, he had a severe head injury with a 50% chance of survival. By the age of 9, his father had passed and the bad behaviors began. By age 11, according to my son, he was using drugs.

In the middle of 7th grade, I was strongly advised to transfer him to a Special Services school. That school developed an IEP for him, had him psychologically evaluated, provided daily counseling and more one-on-one time with him on his studies. He did eventually graduate and obtain his diploma, but I felt that they just pushed him through to graduation.

I was told that his diagnosis was unresolved grief, Conduct Disorder and Oppositional Defiant Disorder. They geared his counseling towards the unresolved grief only. His bad behaviors turned into official delinquency acts by 8th grade. He was using drugs, going on binges and running away and stealing from me and others. He was violent towards me and his siblings at times. I blamed it on the drugs.

The police were frequently at my home. He was arrested more times than I can remember, put into a youth shelter for a week and in and out of court constantly. I was overwhelmed with fines and court and attorney fees. I was spending most of my time dealing with this one child and ignoring my other 7 children. I was no longer a stay-at-home mom. I worked full-time and had part-time jobs to make ends meet. I had no help from my family or my husband's family. I did not have the means to hire a full-time babysitter. I

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had to rely on my teen-age children to take care of the younger ones. Our home and lives became chaotic.

I tried to maintain discipline. I still insisted on home-cooked meals each night and bedtime rituals. We had weekly family meetings, annual vacations for much needed quality family time and wonderful holidays to keep up our traditions. These were only temporary distractions from the everyday problems.

I eventually learned that my two older stepsons were providing my son with drugs and had him selling drugs for them. This led to me kicking them out of my home. It didn't help my son; the damage was already done.

His criminal activities continued until he was 25. I am proud to say that he has almost 6 years drug free. He has turned his drug addiction into workaholism, has a family and has tried hard to make up for his past to us all. However, I still spend a lot of time trying to figure out what could have been done differently to prevent his 16-year reign of terror. I am still searching for answers. This is the main reason that I took this course and chose this subject to research and write about. I will write on the subjects that I believe may have contributed to my son's issues.

My son was extremely shy. I remember when he first started pre-school, how he would cry and cling to me. Other children did the same for the first week or two. He did this every day for the entire year. He preferred spending time with me, his Dad or his siblings rather than friends. When he did play with other children, it was always just one friend, not more.

Extremely shy children may just be shy, or they may have a social anxiety disorder. Children with a social anxiety disorder have an extreme fear of embarrassing themselves. They avoid events in social settings and do not have many friends. They obsess over future situations to the point that they that become physically sick. This can lead to anxiety and depression that continues throughout their life. (Henry, 2013).

Very young children with social anxiety disorder may not be able to verbalize what the problem is or how they are feeling. Extreme temper tantrums and violent actions are a sign that they may be dealing with this disorder. As these children age, disruptive behaviors increase. They become defiant and consistently defy parents and school staff. This disorder can lead to alcohol and/or drug use and abuse. (Henry, 2013).

The death of a parent at any age is difficult to deal with. There are various stages that one goes through until they can life again. Out of all my children, this son dealt with his grief longer. I recall my oldest, 11-year-old daughter saying that we were no longer a real family. Honestly, I felt the same way for a long time. There were so many changes to adjust to and so many of us grieving in different ways. I was only one person.

Studies show that upheaval in the home and little or no supervision can lead to delinquency. " Single-parent families, and in particular, mother-only families, produce more delinquent children than two-parent families. Economic differences and social isolation apparently also contribute to the effect." (U. S. Department of Justice. (n. d.)) I can identify with this

statement and yet I wondered why my other children did not behave the same as he did.

Oppositional Defiant Disorder normally appears at a very young age. Children with this disorder do not listen to authority and always seem angry. The behaviors are more prevalent within the home than outside of the home. (Child Mind Institute, 2016), If ODD is not treated, it may lead to Conduct Disorder. CD is a more serious disorder than ODD. Children with CD become violent, do not think of others and exhibit delinquent behaviors such as stealing. (Child Mind Institute, 2016). “ It has been argued that ODD forms an early stage in CD development and constitutes a developmental antecedent to CD in a significant number of cases.” (Christenson, Crane, Malloy, & Parker, S., 2016). My son did not show signs of ODD until the 7th grade when Conduct Disorder signs also appeared.

I was told by the professionals that all his issues were coming from his unresolved grief. So, we all continued to work on that in various ways. He was in counseling in school and out of school, which he resented. The court assigned a male mentor to him that picked him up for a few hours every other Saturday. This mentor was also a teacher at his school, so he didn't like this court ordered arrangement. I taught him meditation techniques that didn't help. He was quite skilled at building things. I gave him projects to do hoping it would keep him busy. He couldn't seem to focus so we had many projects left undone. He continued to get into trouble. I was at my wit's end.

“ Loss, such as loss of a parent, predisposes adolescents to short-term and long-term emotional damage Many bereaved children manifest behavior

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patterns that are similar to children with mental health problems, and extreme or complicated grief has been a criterion for seeking treatment.” (Dougherty, 2016). I studied what I could about grief. I attended a bereavement group and enrolled my children in a group also. I sought counseling for myself to help me deal with our entire home situation. Professionals were not much help and had few suggestions of ways to get through this. I couldn't allow myself to grieve for a very long time. There was way too much to do.

According to a study on head injuries early in life and delinquency, “ Indirect pathway models revealed that lower levels of self-control significantly mediated the association between head injuries and starting levels in aggressive delinquency. The association between head injuries and changes in aggressive delinquency was also significantly mediated by self-control, but the association was negative, indicating that youth who previously suffered head injuries desisted from aggressive delinquency at a slightly faster rate than their noninjured peers. Additional analyses revealed that, despite accelerated rates of decline, injured youth engaged in significantly higher levels of aggressive delinquency throughout the entire observation period.” (Schwartz, Connolly, & Brauer, 2017).

I did not make the connection between my son's head injury and his behaviors until well after he became an adult. The professionals involved never made the correlation either. By the time I thought that it may be playing a part, it was too late for me to help him. He wanted no part of being studied.

Conclusion

My research has led me to even more questions. He surely has Oppositional Defiant Disorder and yet showed none of these signs at a young age as the research suggests. He definitely has Conduct Disorder that follows untreated Oppositional Defiant Disorder and yet he was diagnosed with both disorders at the same time and the symptoms appeared at the same time. His grief remains unresolved today. While we all continue to miss my husband, my son shows his grief daily in many ways. He may be a functional adult now, but he struggles with anger, sadness and depression. He stays busy with work to stave off his addiction. He accepts the issues he has but refuses to seek treatment for the mental problems. I guess he has finally found a way to come to terms with who he is.

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