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Recidivism among First-Time Offending Truant Youth with Mental Health Symptoms

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Abstract

Little is known about which first-time offending truant youth re-offend, especially in comparison to youth with first-time delinquent offenses. The purpose of this study was to compare rates and risk factors for recidivism between youth with first-time truancy offenses and delinquent offenses. All youth included in this study were referred for forensic mental health evaluation due to mental health concerns. Findings revealed that rates of 12-month recidivism were comparable and both groups were more likely to commit a future delinquent offense than a truancy or status offense. Risk for recidivism among truant youth was higher for those with an externalizing disorder and those who witnessed domestic violence. Within truant recidivists, being male and having a history of substance use increased likelihood of future delinquency. Study findings suggest that universal screening for truant youth upon court contact is justified and may be useful for selecting targeted recidivism prevention and intervention efforts. This may be particularly important for truant youth with mental health concerns, as indicated by the sample used in this study.

Keywords

juvenile justice; predictors of recidivism; psychological disorders; reoffend; status offenses

INTRODUCTION

Truancy is a significant problem for the US Educational and Juvenile Justice systems. Truancy refers to habitual, unexcused absensenteeism from school (Zhang, Katsiyannis, Barrett, & Wilson, 2007). Approximately 2 million students in any given month are identified as truant, due to chronic problems with school attendance (US Census Bureau,

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2011). Some of these youth are referred to juvenile truancy courts for monitoring and intervention, with the goal of interrupting truant behavior before it significantly impairs youth development and academic functioning. Truancy is categorized by the courts as a status offense, or a noncriminal act that is a violation of the law because the individual is a minor, as opposed to a delinquent offense, or a crime punishable by federal or state law despite the individual's age (Developmental Services Group, Inc., 2015). Studies have shown that truancy has implications for educational failure (Dembo & Gulledge, 2009; Gottfried, 2014; Lamdin, 1996) and can significantly impact social development and adjustment (Gottfried, 2014). Other studies have linked truancy with future occupational repercussions, such as low-status careers and greater unemployment (Hibbett, Fogelman, & Manor, 1990).

Truancy not only disrupts the educational and occupational process, but is associated with additional forms of juvenile delinquency (George, 2011; Zhang et al., 2007) and is hypothesized to confer risk for later adult criminality (Baker, Sigmon, & Nugent, 2001; Henry, 2007; Schroeder, Chaisson & Pogue, 2004). This may be due, in part, to a link between truant behavior and substance use as well as externalizing mental health disorders such as conduct disorder and attention deficit/hyperactivity disorder (ADHD) (Chou, Ho & Chen, 2006; Dembo, et al., 2012; Egger, Costello, & Angold, 2003; Henry & Thornberry, 2010). Risk may also orginate from truant youths' increased exposure to psychosocial vulnerabilities, such as an impoverished home, a single-parent household, low parental supervision, adverse childhood experiences, and trauma; this is in comparison to their non-truant, non-justice involved peers (Egger, et al., 2003; George, 2011).

Overall, relatively little is known about what factors may place truant youth at risk for future justice involvement, particularly in comparison to youth with other types of charges (e.g., delinquency charges such as vandalism, breaking and entering and larceny). Research on the larger population of juvenile justice youth suggests that substance use, mental health disorders (internalizing or externalizing), and trauma exposure confer risk for re-offending (i.e. recidivism) (Benner, Stage, Nelson, Laederich, & Ralston, 2010; Cohn, van Domburgh, Vermeiren, Geluk, & Doreleijers, 2012; Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014; Dembo, et al., 2012; Hoeve, McReynolds, Wasserman, & McMillian, 2013; McReynolds, Schwalbe, & Wasserman, 2010; Ryan, Williams, & Courtney, 2013). Relatedly, truant youth have been shown to exhibit high rates of mental health diagnoses, substance use, and trauma exposure (Dembo et al., 2011; 2012). However, some data indicate that differences exist between youth with truant and delinquent offenses such that risk of continued involvement in the juvenile justice system for truant youth may be distinct. For instance, the small body of literature that has focused specifically on first-time offending youth with a truancy offense suggests that they are more likely to be White, young, low income, non-drug users, have a history of special education, and have a family history of criminal involvment relative to their peers charged with delinquent offenses (Zhang et al., 2007; 2010). Conflicting evidence exists concerning the role of gender and truancy. Some studies report females are more likely than males to be truant (Zhang et al., 2010). Other data suggest that truant youth are more likely to be male (Harris, 2015; Jones, Lovrich, & Lovrich, 2011), or that males and females are equally represented among truant youth (Fergusson & Horwood, 1995) and that rates of truancy by gender depend more on age

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and/or race (Malcolm, Wilson, Davidson, & Kirk, 2003; Reid, 2005). Given that there is a greater proportion of juvenile justice-involved males (70%) versus females (30%) and that females are overall less likely to recidivate than males (e.g., Dembo, et al., 1998; Hoge, Andrews, & Leschied, 1996), this raises an interesting question about the interplay of gender and truancy in predicting recidivism. Understanding what static and dynamic factors contribute to the pernicous trajectory of justice involvement for truant youth is vital for developing effective, preventive interventions and for managing the limited resources within juvenile justice systems. Exploring gender-specific relationships may be also important for tailoring preventive interventions for truant youth.

Data regarding truancy and recidivism are sparse. Existing literature suggests that juveniles whose second charge was truancy-related were younger and took longer to reoffend compared to those who reoffended with a non-truancy charge (Zhang et. al, 2010). Furthermore, females, African Americans, non-substance users, and those with a family history of criminal activity were more likely to commit a second charge related to truancy compared to other types of offenses (Zhang et al., 2010). In a study that assessed recidivism among a truant-offending sample, researchers found that nearly half of the sample reoffended with a delinquent charge within a 24-month period and boys were nearly twice as likely to reoffend than girls (Onifade, Nyandoro, Davidson, & Campbell, 2010). The authors also recorded indices of risk based upon youths' responses to the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 1994), a 42-item measure assessing youths' offense history, family circumstances, education, peer group, substance abuse, leisure activity, attitude, and personality. Those categorized as "high-risk" endorsed 23 or more items on the YLS/CMI, whereas those categorized as "low risk" endorsed 9 or fewer items (Onifade et al., 2010). Although both groups were overall more likely to reoffend with a delinquent charge than another truancy charge, results indicated that those in the "high-risk" group were at nearly five times greater risk of reoffending with a delinquent charge than those in the "low-risk" group (Onifade et al., 2010). These few study findings suggest that truant youth who eventuate in contact with the legal system due to truancy are at high risk for recidivism and that their second offense is likely to be of delinquent nature. Moreover, these results demonstrate that high rates of psychosocial vulnerabilities (e.g., mental health diagnosis, substance use, and trauma) are important to assess when determining risk for delinquent recidivism among truant offending youth.

To our knowledge, only one study has compared risk for recidivism in first-time offending youth with truancy versus delinquent offenses. Zhang and colleagues (2007) found that those with a truancy-related first offense were more likely to reoffend, in general, than those with a non-truancy-related first offense. However, of those who did reoffend, those with a first-time delinquent offense were more likely to reoffend with a more severe charge (i.e., a delinquent charge) than those whose first offense was truancy related (Zhang et al., 2007). Despite the prevalence of recidivism among youth with truancy-related offenses (e.g., Zhang et al., 2007; 2010) and truant offenders significant risk profile (e.g., Dembo et al., 2012), truant youth are largely unaddressed by criminologists in comparision to delinquent youth (Dembo et al., 2012). Additional studies are therefore needed to better understand truant youths' risk for continued court-involvement in comparison to other delinquent youth to guide prevention efforts.

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The overall goal of this study was to further assess the rates and associated risk for recidivism among first-time offending youth with a truancy offense (FTO-truant) compared to first-time offending youth with a delinquent offense (FTO-delinquent). Due to the established importance of various risk factors for continued juvenile involvment among all offenders, we chose to utilize a sample of first-time offending youth with mental health concerns. We expected that this high-risk subsample of youth would possess similar rates of psychosocial risk factors (e.g., mental health diagnosis, susbtance use, and trauma exposure) across charge type (i.e., truant or delinquent offenses) and, therefore, be ideal for comparison. As such, this study compared FTO-truant and FTO-delinquent youth referred for a forensic mental health evaluation on: 1) rates of 12-month post-evaluation recidivism, 2) charge type for those who recidivated (i.e., status vs. delinquent), and 3) recidivism risk factors (e.g., gender, age, race, ethnicity, mental health diagnosis, substance use, and trauma exposure). Consistent with the prior research (e.g., Zhang et al., 2007), we hypothesized that 1) rates of recidivism among FTO-truant youth would be greater than for FTO-delinquent youth; 2) FTO-truant youth would be less likely to reoffend with a delinquent charge than FTO-delinquent youth; and 3) FTO-truant youth would have different patterns of risk (i.e., age, gender, race, ethnicity, mental health diagnoses, substance use, and trauma exposure) than FTO-delinquent youth. Results from this study are intended to inform juvenile justice system policy and practice regarding factors to consider when identifying risk of recidivism for FTO-truant youth.

METHOD

Participants and Procedures

This IRB-approved chart review study included data from 404 juvenile offending youth referred for a forensic mental health evaluation between 2006–2008 at a Juvenile Court Clinic in the Northeastern region of the United States. Youth are referred to the court clinic for a brief forensic mental health evaluation as a result of observed or reported mental health concerns. Evaluations are court-ordered by the judges and magistrates who preside over cases in formal (e.g., for delinquent charges) and specialty court (e.g., juvenile drug and truancy) settings. Youth can be referred to the juvenile court clinic for evaluation at any stage within the justice system (i.e., diversion, post-adjudication, re-entry). Specialty courts are considered “problem-solving” courts and their model typically involves requiring completion of counseling (e.g., mental health), treatment (e.g., substance use) or other (e.g., school-based) intervention to address the underlying etiology of legal contact (e.g., family factors associated with chronic absenteeism, untreated drug use) and prevent further justice system entrenchment (Nguyen, 2016). The sample for the current study included youth with delinquent charges heard by the judge presiding over a formal, non-specialty court calendar and youth referred to a specialty truancy court model that is presided over by family court magistrates within the school setting with the intent of implementing rehabilitative and educational services intended to promote school attendance and success.

This study focused on a subsample of 287 first-time offending youth receiving a juvenile court clinic evaluation. All forensic evaluations were conducted by licensed mental health professionals (i.e. psychologists, psychiatrists, social workers) and included forensic

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interviews, completion of evidence-based assessments and collateral information, including record review. The evaluation reports were read and coded by trained research assistants (kappa ≥ .70) for objective study variables, such as age, gender, race/ethnicity, psychiatric history, trauma exposure, and substance use (see Tolou-Shams et al., 2014 for further methodological details regarding coding process).

Measures

Demographics included age, gender, race, and ethnicity.

Psychiatric History included DSM-IV diagnosis/es made by the forensic clinician. Raters coded yes/no to a presence of a mental health diagnosis. Among those with mental health diagnoses, raters also coded whether the primary diagnosis was an externalizing or internalizing diagnosis. A primary externalizing diagnosis was coded if the youth was diagnosed with attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD), or intermittent explosive disorder. A primary internalizing diagnosis was coded if the youth was diagnosed with a mood disorder (e.g., depression, bipolar disorder), an anxiety disorder, or posttraumatic stress disorder (PTSD).

Lifetime History of Trauma was based on youth self-report and/or caregiver report of youth's lifetime history of sexual, physical and emotional abuse/neglect as well as exposure to other lifetime experiences that were perceived by the youth or caregiver to be traumatic (e.g., death of family member or other close individual, natural disaster, accident, witness to domestic violence). The presence of lifetime history of trauma was coded yes/no by raters.

History of Substance Use included youth self-report of lifetime alcohol, marijuana and other drug use (raters coded yes/no for endorsement).

Recidivism rates were calculated using the family court database and defined as accruing any additional charge at either 3-, 6-, 9- or 12-month post forensic evaluation. For the purposes of these analyses, a recidivism outcome score (yes/no) was created for accruing at least one charge over the 12-month follow-up period.

Data Analysis

We conducted a series of bivariate analyses on aforementioned variables of interest (e.g., psychiatric diagnoses, trauma exposure, substance use) to a) identify differences between FTO-truant and FTO-delinquent youth in terms of patterns of recidivism and risk for recidivism and b) within recidivists, identify differences between truant and delinquent offending youth on accrual of more severe (i.e., delinquent) versus less severe (i.e., status) charges and associated risk. Finally, a series of logistic regression analyses were conducted to assess whether there was an interaction between the type of first-time offense and each risk factor (e.g., psychiatric diagnoses, trauma exposure, and substance use) in reducing or enhancing risk for recidivism.

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RESULTS

Descriptives

Of the 404 offenders in our sample, 287 were first-time offenders (see Table 1). There were 63 first-time offenders with an open delinquency petition (75% male; 64% White) and 224 first-time offenders with an open status petition (55% male; 65% White), all of which related to truancy. Among first-time offending youth, 72 (25%) re-offended 12-months post-forensic mental health evaluation. The majority of re-offenses were delinquent (n=61; 85%). Of those who were referred to the clinic with a truancy petition, 52 (23%) re-offended 12-months post-forensic mental health evaluation and the majority accrued a new delinquent charge (n=41; 79%). The majority of those who committed another status charge (n=11, 21%) committed another truancy offense (n=9, 82%); the remaining status offenses (n=2; 18%) were due to child disobedience and alcohol use. Of those who were referred to the clinic as FTO-delinquent youth, 20 (32%) re-offended and all accrued additional delinquent charges.

Over three quarters of FTO-truant youth were diagnosed with at least one mental health diagnosis (n=184, 82%) and over half reported lifetime exposure to a traumatic event (n=137, 61%). Lifetime use of marijuana and alcohol was less prevalent (n=79, 35%; n=77, 34%, respectively), with fewer youth reporting other drug use (n=10; 5%). Nearly all FTO-delinquent youth were diagnosed with at least one mental health diagnosis (n=53, 84%) and many reported perceived lifetime exposure to a traumatic event (n=45, 71%). FTO-delinquent youth also reported high rates of lifetime marijuana, alcohol, and other drug use (n=53, 84%; n=35, 56%; n=13; 21%, respectively).

Primary Analyses

Chi-square analysis was used to compare the likelihood of recidivism for those referred with a first-time truancy offense compared to those referred with a first-time delinquent offense. FTO-truant and FTO-delinquent youth were equally as likely to reoffend within the first 12 months post mental health evaluation, x^2(n=287) = 1.90, p = .17. Since FTO-truant youth who recidivated accrued a combination of new status and delinquent offenses whereas FTO-delinquent youth accrued only new delinquent charges, chi-square analysis was used to assess whether the type of re-offense (i.e., delinquent vs. status) significantly differed between the two groups. Overall, both groups were more likely to recidivate with a delinquent charge than a status charge. However, results indicated that, among recidivists, those with a first-time truant offense were more likely than those with a first-time delinquent offense to recidivate with a status offense (e.g., such as another truancy charge), whereas those with a first-time delinquent offense were more likely than those with a first-time truant offense to recidivate with a delinquent offense, x^2(n=287) = 7.75, p = .02.

Additional chi-square analyses were used to assess whether previously established recidivism risk factors were associated with recidivism among this group of first-time offending youth. Analyses were run separately for each group and for each risk factor (see Table 2). Among FTO-truant youth, risk for recidivism did not significantly differ by age, gender, race, or ethnicity. Recidivism was associated with diagnosis of an externalizing disorder (e.g., ADHD, ODD, CD) at time of mental health evaluation such that those with

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an externalizing disorder diagnosis were twice as likely to reoffend (i.e., 52% of those who recidivated had an externalizing disorder diagnosis compared to 33% of those who did not recidivate). However, the presence of any mental health disorder or internalizing disorder was not associated with risk for recidivism. In terms of trauma exposure, truant youth who witnessed domestic violence (DV) were twice as likely to re-offend (i.e., 37% of those who reoffended witnessed DV compared to 21% of those who did not reoffend). With regard to type of re-offense, FTO-truant recidivists who accrued a new delinquent charge were nearly 13 times more likely to be male (i.e., 56% of those who committed a delinquent offense were male compared to 9% of those who committed a status offense) and five times more likely to have a history of marijuana and alcohol use than those accrued a new status offense (i.e., 53% of those who committed a delinquent offense endorsed marijuana use compared to 0% of those who committed a status offense; 53% of those who committed a delinquent offense endorsed alcohol use compared to 18% who committed a status offense). Age, race, ethnicity, mental health diagnoses, and trauma exposure were not associated with type of re-offense among FTO-truant recidivists (see Table 3).

As can be seen in Table 4, within FTO-delinquent youth, 90% of recidivists were male compared to 67% of non-recidivists but no other variables were associated with risk for recidivism. Chi-square analyses were not conducted to predict type of recidivist charge (status versus delinquent) because all re-offenses were delinquent. Finally, logistic regression results indicated that there were no statistically significant interactions between risk factors and type of initial charge associated with recidivism.

DISCUSSION

This study compared recidivism rates and risk factors between first-time offending truant (FTO-truant) and first-time offending delinquent (FTO-delinquent) youth referred for mental health evaluation. Results revealed that first-time offending youth are at clear risk for re-offending and their re-offending is predominantly of a delinquent nature. This pattern is consistent even among youth coming into contact with the legal system *solely for truancy* despite the presumption that status-offending youth may be less likely to recidivate than youth with a first-time delinquent offense. Contrary to our first hypothesis, this study found no significant difference in the rate of recidivism within a 12-month period between FTO-truant and FTO-delinquent youth, all of whom had significant mental health symptoms and recent substance use around the time of initial court contact. These findings indicate that the two types of court-involved youth are actually quite similar with regard to risk for continued justice system involvement. These results are in slight contrast to the limited research on this topic that has suggested that truant youth may actually be at greater risk for recidivism than delinquent youth (Zhang et al., 2007). Although both FTO-truant and FTO-delinquent youth who recidivated in this sample were more likely to accrue a delinquent charge as opposed to a status charge, this study found that FTO-delinquent youth were at greater risk for recidivating with a delinquent charge than the FTO-truant youth. This finding is consistent with our second hypothesis and may suggest that youth who enter the justice system with a delinquent offense are riskier and thus are more likely to continue engaging in behaviors of greater severity (i.e., delinquent offenses). However, due to the nuance and variation in charge severity among delinquent offenses, this possibility should be investigated further in

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future studies. This finding may also be indicative of bias in the justice system to charge youth with additional delinquent offenses if they have a prior record of delinquency, though further investigation of this explanation is also needed.

The high rate of recidivism among the FTO-truant youth in the sample (i.e., 25%) further highlights the potential negative impact of truancy on adolescent future outcomes, particularly among youth with mental health concerns. Additionally, the comparable rates of recidivism between FTO-truant and FTO-delinquent youth suggests that intervention efforts for truancy should, at least, be equivalent to those for youth with delinquent offenses within the justice system. Further assessment is needed to determine which types of intervention are most effective in reducing recidivism risk among this set of youth and to determine whether certain interventions are more or less effective for FTO-truant compared to FTO-delinquent youth.

To date, intervention efforts for truancy have varied across states, counties, and cities. More specifically, some implement school- and/or community-based universal and selective prevention and intervention efforts prior to legal involvement, which have shown relatively strong promise in reducing overall rates of truancy and negative outcomes (Heilbrunn, 2007a). Likewise, some utilize alternative educational programs in lieu of court-based programs, whereas other systems choose to refer youth with truancy concerns to be handled formally by the juvenile court. Among those who refer truant youth to court-based programs, some opt for specialty court models as opposed to formal adjudication, such as the sample included in this study. Doing so has proven to be beneficial such that it decreases the burden placed on schools and families involved and allows the court to develop a specialized sense of the issues and needs of truant youth (Heilbrunn, 2005a; 2007b). Yet critics of this approach have concerns that it brings about the threat of further justice involvement to motivate youth and families to adhere to the attendance policy, which may not be an effectual long-term approach to address truancy, and that it may increase risk of further justice involvement. Moreover, the results from this sample of FTO-truant youth referred to the juvenile justice system shows that recidivism outcomes were not significantly different from those referred for delinquent offenses. Although more research is certainly needed to compare outcomes between districts that implement school- and community-based interventions and districts that implement court-based interventions, this study provides some indication that specialty court-based interventions may not be as successful in deterring truant-offending youth from future negative outcomes, such as continued court involvement. Prior research has suggested that critical components of truancy programs include planning and collaborating with school and community providers, involving family, providing comprehensive services (e.g., transportation, counseling, academic support, etc.), developing a supportive school environment, using incentives and sanctions, when needed, and evaluating program outcomes (Heilbrunn, 2005b). Perhaps specialty court-based intervention methods may best be utilized once all other components have been implemented and evaluated as ineffective or insufficient. Due to the similarities seen between FTO-truant and FTO-delinquent youth with regard to future recidivism, a comparable approach may also be best for FTO-delinquent youth.

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Contrary to our third hypothesis, similar rates of mental health diagnoses, substance use, and trauma exposure were prevalent among FTO-truant and FTO-delinquent youth. However, these rates were rather high among both groups, which is consistent with rates found in prior studies of other juvenile justice involved youth (e.g., Dembo et al., 2012; Zhang et al., 2007; 2010). Given that our sample of youth were referred by magistrates and judges for a forensic evaluation due to mental health and/or substance use concerns for a court clinic evaluation, we expected that both groups would demonstrate high rates of mental health symptoms and co-occurring health risk behaviors, such as substance use. Substance use was not a risk factor for recidivism in general among FTO-truant youth; however, the likelihood of delinquent reoffending was greatly enhanced if a history of substance use was reported. This finding is notable as the rates of substance use among the FTO-truant youth were largely consistent with the national averages of lifetime marijuana and alcohol use among similarly-aged teenagers (Miech, Schulenberg, Johnston, Bachman, O'Malley, & Patrick, 2017). Moreover, this rate was substantially lower than the rate among the FTO-delinquent youth. As such, particular attention may need to be paid to those youth with a history of truancy and substance use, as their trajectory in the court system may be quite bleak. Data related to the effect of substance use on future criminality is clear; substance use, particularly when layered on top of existing other psychiatric diagnosis, heightens risk for recidivism among youth and adult offenders (e.g., Guebert & Olver, 2014; Tolou-Shams et al., 2014; Wilson, Draine, Hadley, Metraux, & Evans, 2011). Thus, our data also suggest the potential importance of including brief screening measures for substance use at the juvenile court/diversion level, including for truant youth, to inform level of intervention needs and reduce risk for further system entrenchment. Potential intervention needs may include referral to substance use treatment or community-based diversionary programs rather than additional or prolonged court monitoring. Prior research has indicated that involvement in various therapies, such as substance use treatment or multi-systemic therapy, are effective in reducing substance use and recidivism (Carney & Myers, 2012; Farabee, Shen, Hser, Grella, & Anglin, 2001; Randall & Cunningham, 2003; Schaeffer & Borduin, 2005), whereas formal court processing is not (Petrosino, Guckenburg, & Turpin-Petrosino, 2013). Screening measures will aid in the selection of appropriate interventions, such as determining whether the youth meets criteria for a substance use disorder.

With regard to other risk factors for recidivism among FTO-truant youth, static factors, such as age, race, and ethnicity, were not associated with risk for recidivism. Gender was not indicative of recidivism risk; however, within the subsample of recidivists, males were much more likely to recidivate with a delinquent charge than females. This suggest that both males and females are in need of prevention and intervention services to reduce their involvement in the court system, yet it seems that the trajectories for males and females are different. As such, prevention and intervention efforts should consider responding to such differences by creating and implementing gender-specific programming, such as GirlPower! (DuBois, et al., 2008; Pryce, et al., 2010) or VOICES (Covington, 2017) with youth.

Dynamic risk factors, such as a diagnosis of externalizing disorder, in particular ADHD, was associated with future recidivism for FTO-truant youth. This finding is of central concern when unaddressed by families and/or schools as it can relate to chronic truancy and school incompletion (Barbaresi, Katusic, Colligan, Weaver, & Jacobsen, 2007; Barkley,

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2006; Galéra, Melchior, Chastang, Bouvard, & Fombonne, 2009). Universal screening for mental health concerns among youth with truancy problems may be one such way to assess potential intervention options.

Rates of trauma exposure in this FTO-truant subsample were comparable to the sample of FTO-delinquent youth. Furthermore, the rates of trauma were consistent with existent studies of trauma exposure in truant populations (George, 2011), as well as those found among more severe delinquent offending and incarcerated youth (Abram et al., 2004). Exposure to witnessing domestic violence increased recidivism risk among FTO-truant youth. Potential explanations for this finding may be that domestic violence in the home serves as proxy for family dysfunction and conflict, which is a robustly reported risk factor for truancy and delinquency (Egger, et al., 2003; George, 2011; Heilbrunn, 2007b). While trauma exposure is common among juvenile justice youth, the literature has typically focused on trauma in relation to risk among highly traumatized subgroups (e.g., youth with chronic sexual abuse, adolescents living in chronically violent neighborhoods) or severe violent offenders. Less research has focused on trauma exposure more globally among first-time offending youth diverted from incarceration who are generally considered at "lower risk" for poor health, legal, social and educational outcomes. Thus, assessing trauma exposure among all youth who may have some "touch" with law enforcement, community-based diversion programs and/or the juvenile court systems may be warranted. Additionally, our data suggest that prevention and intervention efforts designed for FTO-truant or FTO-delinquent youth incorporate trauma-informed strategies and practices.

This study represents a contribution to a growing body of literature aiming to identify ways in which we can continue to keep FTO-truant youth from re-entering the system and from future delinquent offending. Our findings should be considered in light of several limitations. First, our data relied on retrospective review, from a highly specific juvenile court clinic sample, which limited our selection of data constructs and variables (i.e., we had to examine variables that were pre-existing as do all secondary analysis projects). This pre-existing dataset may also limit our generalizability to other FTO-truant offending juvenile samples who may have other first-time status offenses outside of truancy (e.g., running away, curfew violations and underage drinking) and/or who are not necessarily being referred for mental health concerns, as they were with this current juvenile court clinic sample. This dataset also tracked recidivism rates up to only one year; recidivism rates several years into the future are likely to be important and may yield different outcomes. Additionally, our small subsample of FTO-truant youth and FTO-delinquent recidivists may have precluded our ability to detect statistically significant associations between risk factors and recidivism due to low base rates of risk and inadequate cell values for the chi-square analyses. Given that this study was based on use of existing data collected for forensic clinical purposes, we were unable to recruit additional participants to make the sample size of first-time offending youth equivalent in both truant and delinquent categories.

Future studies should consider including samples of FTO-status and FTO-delinquent youth to allow for additional comparisons of patterns of recidivism and risk. It may also be useful to utilize a sample of youth who have not been referred for mental health concerns, as this may have impacted our findings. Future research should also prospectively follow a sample

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of FTO-status youth (truant and other status offenders) over a lengthier period of time and should also include educational, family and neighborhood factors to assess how they relate to future outcomes for these youth. Despite the limitations, this study presents an important, initial picture of what screening and intervention programs and policies may be needed to best address the needs of court-involved truant youth and to prevent them from further immersion and cycling through the juvenile justice system.

Biography

Hannah Doucette, M.A.

Hannah Doucette is a Counseling Psychology Doctoral Student at Northeastern University. Her research interests include interpersonal trauma in close relationships and adolescent risk behavior prevention. Currently, Hannah is researching parent-based interventions for adolescent dating violence prevention.

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Table 1

Descriptive Statistics of First-Time Offending (FTO) Youth by Charge Type

	FTO Youth		
	Truancy (n=224)[a]	**Delinquent (n=63)[a]**	**Total (n=287)[a]**
Demographics			
Age	14.2 (SD=1.5)	15.6 (SD=1.5)	14.5 (SD=1.6)
Male	122 (54.5%)	47 (74.6%)	169 (58.9%)
White	145 (64.7%)	40 (63.5%)	185 (64.5%)
Non Hispanic	170 (75.9%)	46 (73%)	216 (75.3%)
Recidivist	52 (23.2%)	20 (31.7%)	72 (25.1%)
Delinquent charge	41 (18.3%)	20 (31.7%)	61 (21.3%)
Status charge	11 (4.9%)	0 (0%)	11 (3.8%)
Mental Health			
Any dx	184 (82.1%)	53 (84.1%)	237 (82.6%)
Internal dx	80 (35.7%)	10 (15.9%)	90 (31.4%)
External dx	83 (37.1%)	19 (30.2%)	102 (35.5%)
Trauma Exposure			
Any trauma[b]	137 (71.7%)	45 (77.6%)	182 (73.1%)
Sexual abuse	17 (12.5%)	6 (13.3%)	23 (12.7%)
Physical abuse	26 (19.1%)	7 (15.6%)	33 (18.2%)
Emotional abuse/neglect	17 (12.5%)	17 (37.8%)	34 (8.8%)
Domestic Violence	47 (25%)	18 (31.6%)	65 (26.6%)
Substance Abuse			
Marijuana Use	79 (39.1%)	53 (85.5%)	132 (50.0%)
Alcohol Use	77 (39.9%)	35 (62.5%)	112 (45.0%)
Other Substance Use	10 (6.4%)	13 (31.0%)	23 (11.6%)

[a] Sample sizes for each analysis vary due to missing data points

[b] Youth could have endorsed multiple types of trauma

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Table 2

FTO-Truant Recidivists vs. Non-Recidivists

	Total or Mean (n=224)[a]	Recidivists (n=52)[a]	Non-Recidivists (n=172)[a]	t or x^2	p-value
Demographics					
Age	14.2 (SD=1.5)	14.2 (SD=1.3)	14.2 (SD=1.5)	.03	.97
Male	122 (54.5%)	24 (46.2%)	98 (57.0%)	1.89	.17
White	145 (64.7%)	30 (68.2%)	115 (69.7%)	.04	.85
Non Hispanic	170 (75.9%)	36 (81.8%)	134 (81.2%)	.01	.93
Mental Health					
Any dx	184 (82.1%)	45 (86.5%)	139 (80.8%)	.89	.35
Internal dx	80 (35.7%)	14 (26.9%)	80 (38.4%)	2.28	.13
External dx	83 (37.1%)	27 (51.9%)	56 (32.6%)	6.42	.01**
Trauma Exposure[b]					
Any Trauma	137 (71.7%)	33 (71.7%)	104 (71.7%)	.00	.99
Sexual abuse	17 (12.5%)	5 (15.2%)	12 (11.7%)	.12	.73
Physical abuse	26 (19.1%)	5 (15.2%)	21 (20.4%)	.44	.51
Emotional abuse/neglect	17 (12.5%)	5 (15.2%)	12 (11.7%)	.28	.60
Domestic Violence	47 (25.0%)	17 (37.0%)	30 (21.3%)	4.53	.03*
Substance Abuse					
Marijuana Use	79 (39.1%)	19 (40.4%)	60 (38.7%)	.05	.83
Alcohol Use	77 (39.9%)	19 (44.2%)	58 (38.7%)	.43	.52
Other Substance Use	10 (6.4%)	2 (5.9%)	8 (6.5%)	.02	.90

Note.

* ≤ .05

** ≤ .01

*** ≤ .001; Youth could have endorsed multiple types of trauma.

[a] Sample sizes for each analysis vary due to missing data points

[b] Youth could have endorsed multiple types of trauma

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Table 3

FTO-Truant Recidivists with Delinquent vs. Status Charges

	Recidivist (n=52)[a]	Delinquent (n=41)[a]	Status (n=11)[a]	t or x^2	p-value
Demographics					
Age	14.2 (SD=1.3)	14.34 (SD=1.3)	13.73 (SD=1.4)	1.4	.18
Male	24 (46.2%)	23 (56.1%)	1 (9.1%)	7.71	.01*
White	30 (68.2%)	23 (69.7%)	7 (63.6%)	.14	.71
Non Hispanic	36 (81.8%)	26 (78.8%)	10 (90.9%)	.82	.37
Mental Health					
Any dx	45 (86.5%)	37 (90.2%)	8 (72.7%)	2.28	.13
Internal dx	14 (26.9%)	11 (26.8%)	3 (27.3%)	.00	.98
External dx	27 (51.9%)	23 (56.1%)	4 (36.4%)	1.35	.25
Trauma Exposure[b]					
Any Trauma	33 (71.7%)	24 (66.7%)	9 (90.0%)	2.10	.15
Sexual abuse	5 (15.2%)	3 (12.5%)	2 (22.2%)	.48	.49
Physical abuse	5 (15.2%)	4 (16.7%)	1 (11.1%)	.16	.69
Emotional abuse/neglect	5 (15.2%)	4 (16.7%)	1 (11.1%)	.16	.69
Domestic Violence	17 (37%)	13 (36.1%)	4 (40.0%)	.05	.82
Substance Abuse					
Marijuana Use	19 (40.4%)	19 (52.8%)	0 (0%)	9.75	.00***
Alcohol Use	19 (44.2%)	17 (53.1%)	2 (18.2%)	4.05	.04*
Other Substance Use	2 (5.9%)	2 (8.3%)	0 (0%)	.89	.35

Note.

* ≤ .05

** ≤ .01

*** ≤ .001; Youth could have endorsed multiple types of trauma.

[a] Sample sizes for each analysis vary due to missing data points

[b] Youth could have endorsed multiple types of trauma

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Table 4

FTO-Delinquent Recidivists vs. Non-Recidivists

	Total or Mean (n=63)[a]	Recidivists (n=20)[a]	Non-Recidivists (n=43)[a]	t or x^2	p-value
Demographics					
Age	15.6 (SD=1.5)	15.5 (SD=1.6)	15.9 (SD=1.0)	.97	.34
Male	47 (74.6%)	18 (90.0%)	29 (67.4%)	3.67	.06
White	40 (63.5%)	10 (52.6%)	30 (75%)	2.95	.09
Non Hispanic	46 (73%)	15 (78.9%)	31 (77.5%)	.02	.90
Mental Health					
Any dx	53 (84.1%)	16 (80.0%)	37 (86.0%)	.37	.54
Internal dx	10 (15.9%)	2 (10.0%)	8 (18.6%)	.76	.38
External dx	19 (30.2%)	7 (35.0%)	12 (27.9%)	.33	.57
Trauma Exposure[b]					
Any Trauma	45 (77.6%)	14 (82.4%)	31 (75.6%)	.31	.58
Sexual abuse	6 (13.3%)	2 (14.3%)	4 (12.9%)	.02	.90
Physical abuse	7 (15.6%)	1 (7.1%)	6 (19.4%)	1.1	.30
Emotional abuse/neglect	17 (37.8%)	3 (21.4%)	14 (45.2%)	2.31	.13
Domestic Violence	18 (31.6%)	4 (25.0%)	14 (34.1%)	.45	.50
Substance Abuse					
Marijuana Use	53 (85.5%)	19 (95.0%)	34 (81.0%)	2.16	.14
Alcohol Use	35 (62.5%)	12 (66.7%)	23 (60.5%)	.20	.66
Other Substance Use	13 (31.0%)	4 (36.4%)	9 (29.0%)	.20	.65

Note.

*≤ .05

**≤ .01

***≤ .001.

[a]Sample sizes for each analysis vary due to missing data points

[b]Youth could have endorsed multiple types of trauma