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Trauma, religion, and substance use among incarcerated adolescent males

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ABSTRACT

This paper explored the relationships among trauma, religion, and substance abuse among adjudicated male adolescents with sexually harmful behaviors. Youth in secure juvenile justice settings often report a sequelae of complex trauma experiences, placing them at risk for a range of serious problems, including aggression, persistent delinquency and recidivism, and psychological consequences. The limited research on religion and juvenile offending supports that adolescents' religion serves as protective factors and a potential pathway to decreasing delinquent behavior and perhaps recidivism. Research on substance abuse is reviewed as risk factors to offending and an attempt at coping with the psychological consequences of victimization. The current study utilized a secondary analysis of cross-sectional data (N=332) to explore the prevalence of trauma among sexually abusive incarcerated youth, the relationship between childhood victimization and subsequent non-sexual and sexual offending. The hypotheses explored in this study included: 1) Self-reported experiences of religion as potential coping strategies may mediate the relationship between trauma and substance abuse; and 2) Substance abuse may mediate the relationship between trauma and force used in sexual offending. Findings indicated that religion mediated alcohol and drug use to manage emotional neglect both before and after incarceration. The potential implications of this study include understanding the discontinuous relationship between the practice of mass incarceration and the actual risks adjudicated youth pose to society, as well as illuminating the importance of

understanding trauma, coping, substance abuse, and religion in forming social work practice and social policy.

**TRAUMA, RELIGION, AND SUBSTANCE USE AMONG
INCARCERATED ADOLESCENT MALES**

A project based upon a secondary data analysis,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2013

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CHAPTER I

INTRODUCTION

This paper will explore the relationship between trauma (e.g., Leibowitz, 2012; Maschi, 2006; Widom, 2001), religion (e.g., Burton & Gockel, in press; Derezotes, 2000; Dew, et al., 2008), and substance abuse (e.g., Brown & Burton, 2010; Kingston & Raghavan, 2009; Quinsey, Skilling, Lalumière & Craig, 2004; Marini, Leibowitz, Burton, & Stickle, in press) among incarcerated juveniles with sexually harmful behaviors. Currently, there is research that links substance abuse and victimization as risk factors for youth entering the juvenile justice system (e.g., Finkelhor, 2009; Kilpatrick, et al., 2000; Widom, Marmorstein & White, 2006). In addition, analyzing adolescents' connection to religion, and how these relationships may contribute to or influence their sexually abusive or delinquent behavior and substance use could inform how treatment can utilize a bio-psycho-social-spiritual framework (Burton & Gockel, in press; Canda & Furman, 2010; Jacobs, 2007; Ryan, Leverage, & Lane, 2010). Such an approach may elucidate an adolescent's connection to family and community as systems and structures of support and protection when considering treatment options, strengths, and risk and protective factors (Ryan, Leverage & Lane, 2010). The potential implications of this study include understanding the discontinuous relationship between the practice of mass incarceration as an American social policy and the actual risks adjudicated youth pose to society, as well as illuminating the importance of understanding trauma, coping, substance abuse, and religion in forming just policies. In addition, attention should be given to the mechanisms that may mediate

or ameliorate these risks, which may help improve prevention efforts and elucidate further policy and practice developments necessary to protect a vulnerable segment of the population.

CHAPTER II

LITERATURE REVIEW

The prevalence of children and adolescents in the justice system whose mental health and trauma needs are not addressed indicates the system is failing to address the needs of at-risk adolescents (Mendel, 2011; Shufelt & Coccozza, 2006). Research indicates the majority of incarcerated youth report at least one or more and cumulative traumatic experiences (Maschi, et al., 2010). Researchers have explored adolescents with mental health disorders in multiple states and regions, how childhood abuse, neglect, and victimization may impact male adolescents in juvenile justice, and the relationship of abuse, substance abuse, and trauma in adolescents (Shufelt & Coccozza, 1996; Robertson & Burton, 2010; Kingston & Raghavan, 2009; Leibowitz, 2012). As the National Center for Mental Health and Juvenile Justice researches the myriad needs of incarcerated adolescents in order to identify programmatic and policy changes, they have developed standardized screening and assessment tools to identify adolescents with mental health or substance abuse disorders. In a review of community-based programs, detention centers, and residential facilities in Louisiana, Texas, and Washington, a National Center for Mental Health and Juvenile Justice study indicated 70.4% of youth in the juvenile justice system met criteria for at least one mental health disorder, 60.8% met criteria for a substance use disorder, and 79% of youth met criteria for two or more diagnoses (Shufelt & Coccozza, 2006).

In 2010, there were approximately 70 million adolescents in the United States, a population expected to increase 17% between 2010 and 2030 (OJJDP, 2011). In February 2010,

71,000 juvenile offenders were held in residential placement facilities – 89% of juveniles in residential placement (OJJDP, 2001). As adolescents are at risk for serious victimization from family, peers, and strangers, the adolescent population in the juvenile justice system elucidates particular risk factors and needs of this population, including challenges related to family substance abuse, family patterns of mental illness, and involvement in criminal activities from a young age (Dembo 1996; Quinsey, Skilling, Lalumière, & Craig, 2004). Research on the experiences of youth indicates that as few as 10% and as many as 90% of adolescents in the juvenile justice system report victimization (Abram, et al., 2004; Carrion & Steiner, 2000; Leibowitz, 2012). Additionally, higher rates of victimization are reported among youth with sexually harmful behaviors compared to nonsexually offending youth (Leibowitz, Burton, & Howard, 2012; Seto & Lalumière, 2010), and meta-analysis of more than 50 studies suggest the rate of sexual victimization for juvenile sexual abusers is close to 40% (Burton & Shatz, 2003).

Involvement in the juvenile justice system disrupts school, family, social routines, and relationships, and creates economic and public health concerns (Burton, et al., 2011; Cocozza & Skowrya, 2000; Robertson & Burton, 2010; Shufelt & Cocozza, 2006). There were 1.9 million juvenile arrests in 2009 (OJDDP, 2011); in 2004, juveniles committed 12% of all violent crimes (e.g., sexual assault, robberies, aggravated assault) (OJDDP, 2001). The rise of adolescents within the juvenile justice system mirrors the practice of mass incarceration in the United States, a country that comprises 5% of the world's population and detains 25% of the world's inmates (Alexander, 2012; Loury & Western, 2010; Mendel, 2011).

In the late 1990s, state and federal government projects were initiated to address the needs of adolescents in juvenile justice, specifically adolescents with mental illnesses (Cocozza & Skowrya, 2000). The incarceration of juveniles is iatrogenic, perpetuating the cycle of

adolescents, many of whom have been victimized, being tried in criminal courts, receiving longer sentences, and often being eligible for prosecution as adults. Providing needed services to adolescent youth provides the opportunity to address delinquent behaviors and decrease the possibility of recidivism and involvement in the adult criminal justice system (Dembo, 1996). Delivering proactive rehabilitative and mental health treatment could counter the current juvenile justice model that preserves the practice of mass incarceration, often focused on punishment rather than treatment and rehabilitation (Cocozza & Skowrya, 2000; Mendel 2011).

Trauma Leading to Incarceration

The experience of victimization and trauma contribute to a constellation of risk factors adolescents are often exposed to, which is critical in understanding delinquency. Furthermore, “the observed relationship between early childhood victimization and later problem behaviors, such as delinquency or violence, also may be affected by practices of the juvenile justice system, which may disproportionately label and adjudicate maltreatment victims as juvenile offenders” (Widom, 2001, p. 39). Widom’s (2001) preliminary analysis and long-term follow-up study showed that those who had been abused or neglected were more likely to have been arrested for criminal offenses in general and violent offenses in adulthood, but also that the system itself has an impact on young people. Research focused on the experience of complex trauma during childhood may contribute to adolescent offending supports the need for comprehensive and effective interventions and programs within the juvenile justice system.

Trauma as a continuum includes “being a victim of violence, being a witness to violence, or experiencing stressful life events” (Maschi, 2006, p. 59). It also includes “an emotional state of discomfort and stress resulting from memories of an extraordinary catastrophic experience that shatters the survivor’s sense of vulnerability to harm, rendering him acutely vulnerable to

stressors” (Figley, 1995). Trauma can refer to a distinct event or experience that includes the encumbrance of severe stressors (Basham, 2008), to enduring the detrimental consequences of extremely stressful events (Allen, 2001), and multiple and chronic forms of victimization (Cook, et al. 2005; Ford, et al., 2012). Furthermore, complex trauma involves chronic repetitive subjugation to abuse (Basham, 2008) that overwhelms one’s psychological integration (Herman, 1992). Complex trauma is often invasive and interpersonal in nature, exposing children and adolescents to simultaneous and sequential maltreatment, including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence (van der Kolk, 2003). Complex trauma is a paradigm for which to understand the cumulative effects of victimization and abuse, witnessing family and community violence, and the exposure to stressful life events that adolescent in the juvenile justice system experience (Maschi, 2006).

Children are among the most highly victimized segment of the population and there are enormous consequences of victimization for children (Finkelhor & Hashima, 2001; Mendel, 2011). Children have little choice for where they live, attend school, treatment by family, and their environments, creating a condition of dependency and a continuum of vulnerability. Forms of victimization in childhood often do not have direct equivalents in adulthood; these elements of complex trauma involve neglect, maltreatment, and emotional abuse, and lead to a highly victimized youth population. “[Victimization] can affect personality formation, have major mental health consequences, impact on academic performance, and also is strongly implicated in the development of delinquent and antisocial behavior” (Finkelhor & Hashima, 2001, p. 49).

Adolescent males adjudicated of non-sexual offenses, or those youth engaged in illegal behaviors, exhibit a constellation of stressful life events that indicates greater risk of maltreatment, experiences of abuse, and exposure to family violence (Ford, et al., 2012; Maschi,

2006; Maschi, et al., 2010; Maschi & Gibson, 2012). Youth in secure juvenile justice settings often report a sequelae of complex trauma experiences, placing them at risk for a range of serious problems, including aggression, persistent delinquency and recidivism, and psychological consequences (Ford, et al., 2012).

Trauma and Sexually Abusive Behavior

Seto and Lalumière (2010) compared male adolescent sexual offenders with non-sexual offenders through a meta-analysis to understand the etiology of offending. The analysis considered exposure of abuse, attachment, social competencies, and sexual experiences and interests and confirmed the experiences of trauma among male adolescent sexual offenders. These adolescents were more likely to have experienced sexual abuse, a higher prevalence of physical abuse, and greater exposure to emotional abuse or neglect (Seto & Lalumière, 2010). Less than 10% to more than 90% of sexually abusive juvenile offenders report sexual victimization (Benoit & Kennedy, 1992; Burton, 2000; Cooper, Murphys & Haynes, 1996; Hunter & Figueredo, 2000; Leibowitz, 2012; Moody, Brissier & Kim, 1994; Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996).

While prevalence rates vary, available research substantiates the sexual victimization among sexually abusive adolescent offenders. Burton (2003) linked sexual abuse and adolescent sexual offending to behaviors, attitudes, and beliefs modeled after or learned from perpetrators. Furthermore, 20-50% of sexually abusive adolescent offenders report physical abuse, experiences of childhood neglect, and exposure to interpersonal violence (Center for Sex Offender Management, 2000; Hunter, 2000, Leibowitz, 2012). Robertson and Burton (2010) explored the difference in childhood maltreatment between violent and non-violent adjudicated

males, supporting research that violent offenders experience more maltreatment and victimization than nonviolent offenders.

Religion as Coping Resource

Religion and spirituality are often considered universal aspects of the human experience that provide a framework for understanding oneself, others, and the environment, as well as creating meaning and strengthening one's ability to thrive (Benson, Roehlkepartain, & Rude, 2003; Furrow, King, & White, 2004; King & Benson, 2009; Miller & Thoresen, 1999). Religion has been defined as a formal affiliation to specific religious traditions, with prescribed beliefs and values; spirituality often overlaps with the concept of religion and evolves within and outside formal religious practices (Burton & Gockel, in press; Hill & Pargament, 2003). Religion and spirituality serve as attempts to make meaning, organize beliefs to make sense of the world, and inform an individual's worldview – “both are considered means by which human beings strive to understand, cope with and perhaps transcend their daily lives” (Smith, 2004, p. 234).

Religion and spirituality also serve as protective factors against the negative effects of trauma (Burton & Gockel, in press; Cook, et al., 2005). Trauma may damage a person's attachment to a higher power or understanding of the world, and displace a person's sense of purpose (Smith, 2004). Religion and spirituality can help an individual contain the experience of trauma, provide a new understanding or meaning of the experience of trauma, allowing an individual to find strength and develop coping strategies (Burton & Gockel, in press; Falsetti, Resick, & Davis, 2003; Ganje-Fling & McCarthy, 1996; Smith, 2004; Weaver, Flannelly, Garbarino, Figley, & Flannelly, 2003). While “trauma is the ultimate challenge to meaning making” and the experience can damage a person's sense of trust and security, it may also be a catalyst for growth (Brown, 2008, p. 228).

Limited research on religion and juvenile offending supports that adolescents' religion and spirituality serve as protective factors and a potential pathway to decreasing delinquent behavior and recidivism (Blakeney & Blakeney, 2006, Dew, et al., 2008; Johnson, et al., 2000). Burton and Gockel (in press) found that the role of religion and spirituality in the lives of incarcerated adolescents partially mitigated the connection between trauma and sexual delinquency. Baier and Wright's (2001) meta-analysis on religion, the majority of which were conducted with high school students, demonstrated that religion often impedes an individual's criminal behavior. "In addition to discouraging delinquency itself, religion may also reduce the likelihood of sex offending by reducing key psychological variables related to sex offending among juveniles" (Burton & Gockel, in press, p. 7).

Substance Abuse

Alcohol and substance abuse are also among adolescent risk factors to offending, and often an attempt at coping with the psychological consequences of abuse and trauma (Brown & Burton, 2010). The National Institute on Drug Abuse reported that 56% of boys detained for criminal offending in 2000 tested positive for drugs (NIDA, 2006). In addition to drug testing, further research indicates that nearly 50% of males in juvenile justice facilities had one or more substance use disorders and 21.35% had two or more substance use disorders (McClelland, et al., 2004). The high rates of substance use among adolescent offenders suggest a need for treatment options.

The process of addiction or dependence manifests in how the addictive behavior pattern relates to, impacts, and functions in a person's life; substance use is often a compelling attempt to cope with unbearable or unmanageable emotions or developmental deficits, to relieve emotional suffering, and an attempt to maintain a cohesive sense of self (Goodman, 1993). A

contemporary psychoanalytic understanding of addiction indicates the function of substance abuse as attempts to manage deficit in affect regulation; tolerate painful and confusing emotions; or cope with difficult interpersonal relationships, maladaptive self-care strategies, pain, stress, impulsive and risky behaviors, anxiety, and victimization (Goodman, 1993; Khantzian, 2003). While ameliorating distress and relieving and controlling extreme emotions, an individual becomes less likely to develop the psychological capacity to manage their struggles when using or dependent on substances. Struggles in managing extreme emotions and conflict are an inherent part of the human condition, and part of the developmental accomplishment of adolescence, which becomes even more intolerable with the experience of trauma.

Kingston and Raghavan (2009) examined the relationship of sexual abuse, early initiation of substance use, and adolescent trauma in relation to Post Traumatic Stress Disorder with adolescents ages 12 to 17. Their results “support the hypothesis that early substance use initiation may increase the risk of exposure to traumatic events due to poor judgment related to intoxication and other correlates of early substance use” (Kingston & Raghavan, 2009, p. 67). This analysis supports the relationship between abuse, substance abuse, and trauma, and indicates further research needed for substance abuse prevention and risk reduction for adolescents. As seriousness of offending increases among adolescents, so does the seriousness of substance abuse as a greater proportion of juvenile offenders use drugs and use them more frequently than non-offenders (Quinsey, Skilling, Lalumière & Craig, 2004).

The Current Study

Based on the literature, the current study uses mediation models to explore the relationships between trauma, sexual offending and delinquency, religion, and substance abuse, specifically the characterization of sexual offenses. I hypothesized:

- 1a. What is the prevalence of trauma among sexually abusive youth who are incarcerated?
- 1b. What is the relationship between childhood victimization and subsequent non-sexual and sexual offending?
2. Are self-reported experiences of religion potential coping strategies that mediate the relationship between trauma and substance abuse?
3. It is hypothesized that substance abuse mediates the relationship between trauma and force in sexual offending.

CHAPTER III

METHODOLOGY

A secondary analysis of cross-sectional data collected and processed by previous researchers was re-analyzed to explore the relationship between trauma, substance abuse, and religion among incarcerated male adolescents. The original researchers received approval of the institutional review board and consent of the state attorney general's office to collect data from adjudicated youth in six residential facilities in a Midwestern state in 2009 (Burton, Bovard Johns, Brown, Robertson & Trebby, 2009). All eligible adolescent males in these facilities were invited to participate in surveys, including demographic information, the Self Report Sexual Aggression Scale (SERSAS) (Burton, 2003; Burton, Miller & Shill, 2002), the Childhood Trauma Questionnaire (Bernstein & Fink, 1998), and the Self Reported Delinquency Measure (Elliott, Huizinga & Ageton, 1985), upon consent by their current and legal guardian.

The advantages of using a secondary analysis of existing data include utilizing ethically obtained data from the population of interest; the benefit of expertise from professionals in the field; and access to large-scale studies which assessed large numbers of variables with a large sample size. Permission to use the existing data allows further analysis of information collected from a vulnerable population without the need to subject the youth to additional data collection procedures. The current analysis is limited to the existing data. The variables were computed from self-report questionnaires (e.g., assessing substance abuse and religious beliefs and

experiences) created by the researchers and subscales from widely used standardized measures (e.g., assessing childhood trauma) were used as described below.

Procedure and Sample

Both groups, youth with sexually harmful behavior and delinquent adolescents in the original study, were interviewed at the residential treatment centers by social work or clinical psychology students for approximately two hours. Data from the group of youth adjudicated for sex offense (N=332) were used in the current study. The participants were asked to complete multi-page pencil-and-paper questionnaires, including demographic questions (e.g., age, race, education) and information about their experiences (e.g., experiences of childhood abuse or neglect, length of time in facility). All identifying information was removed. The participants' average age is 16.60 years old; and 47% identified as white, 20% as African American, 21% as other, and 6% did not respond (Burton, Duty, Leibowitz, 2011).

Measures

The **Self Report Sexual Aggression Scale (SERSAS)** is a multi-item instrument used to measure sexually aggressive behaviors over the respondent's lifespan (Burton, 2003; Burton, Miller & Shill, 2002). This inventory includes a checklist of sexual acts and relationships used to measure perpetration severity and total coercion. Many of the inventory items were introduced with the question "Have you ever conned or forced someone to...?" in order to evaluate the degree of force the respondent employed. The measure includes a 14-point rank order scale used to evaluate the severity and complexity of the respondent's sexual aggression – beginning with 1 = exposure to 14 = penetration, oral sex, exposure, and fondling. In addition to considering the severity of sexual aggression, respondents considered their index offense with a scale used to calculate the severity and complexity of the amount of force used in their

victimization of others. This scale was established as: 1 = used games to convince their victim to have sex; 2 = used threats; 3 = used games and threats; 4 = used force on their victims; 5 = used force and games; 6 = used force and threats; and 7 = used force, games, and threats. The SERSAS measure has produced 8-week test-retest reliability in previous investigations, with a reliability of $r = .96$ for a small sample (Burton et al., 2002).

Sexually aggressive adolescents were compared to non-sexually abusive adolescent offenders using the **Childhood Trauma Questionnaire (CTQ)** (Bernstein & Fink, 1998). The measure is a 34-item self-report used to rate the severity of five scales – physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect – to illustrate the respondent’s total exposure to childhood maltreatment. This version preceded the familiar 28-item instrument. The CTQ uses a 5-point Likert scale from never true (1) to very often true (5). Cronbach’s alpha for the five types of abuse, containing 5 to 10 items per scale, ranged from .74 to .93.

The **Self Reported Delinquency Measure (SRD)** was used to measure delinquency (Elliot, Huizinga, & Ageton, 1985). The SRD contains 32 questions and uses a 7-point frequency scale that ranges from 0 (never) to 7 (2-3 times daily) to assess a variety of offenses extending from status offenses (e.g., alcohol use) to criminal acts (e.g., burglary or theft) to violent actions. The inter-item reliability of the subscales in this measure was acceptable to good, with general delinquency $\alpha = .68$, property damage $\alpha = .74$, felony theft $\alpha = .88$, public disorderly $\alpha = .52$, alcohol use $\alpha = .80$, drug use $\alpha = .45$, robbery, felony assault $\alpha = .65$, and drug sales $\alpha = .84$.

The **importance of religion before and after offense** was assessed using a Likert scale. Respondents were asked to rate the importance of religion with 1 being “not very important” and

5 being “very important. The importance of religion in an offender’s life was collected through general demographic questions. The first question asked about the importance of religion before arrest, and the second question asked about the importance of religion after arrest; an additional question asked how often the respondent practiced or attended religious services. This was a non-standardized question that was computed through this scale.

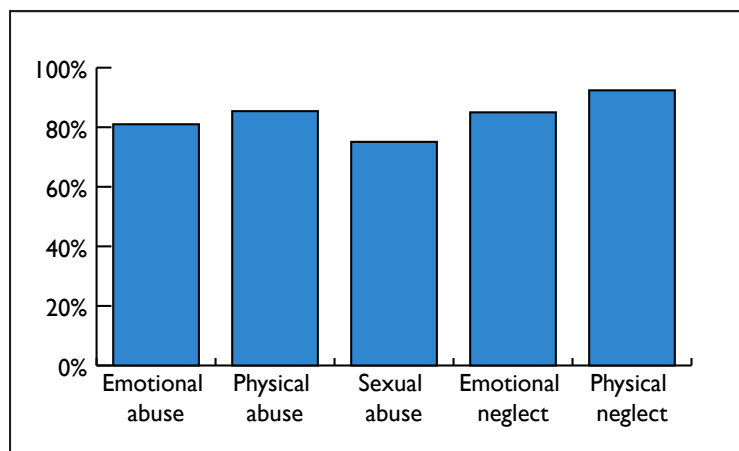
CHAPTER IV

FINDINGS

Trauma and Juvenile Offending

As described above, the Child Trauma Questionnaire (CTQ; Bernstein, et al., 1994) assessed sexual abuse, physical abuse, emotional abuse, physical neglect, and emotional neglect. Sexually abusive youth who participated in the study reported the following experiences of trauma and victimization: 81% reported emotional abuse, 85.4% reported physical abuse, 75.1% reported sexual abuse, 85% reported emotional neglect, and 92.4% reported physical neglect. Three-quarters of the sample of sexually abusive youth experienced four or five types of trauma, endorsing one or more items on each of the subscales of CTQ (see Figure 1).

Figure 1: Experiences of Trauma Among Sexually Abusive Youth



Religion as Coping Mechanisms

As mentioned above, asking respondents to rate the importance of religion before and after their arrest assessed the importance of religion as a potential coping mechanism. Of the

sexually abusive youth (N=329) who responded, 29.8% indicated that religion before their arrest was not very important and 16% said it was very important. Of the youth who responded to the question on the importance of religion following their arrest, 14.9% indicated it was not very important and 32.8% (nearly a third) said it was very important after the offense. There is a neutral category, youth who had no opinion on the importance of religion in their lives – before their offense 33.7% of youth said they were neutral; however, after the offense that number decreased to 28.9%.

Among sexually abusive youth, general delinquency is more strongly correlated with religion before the offense ($p=.004$), and emotional neglect was strongly correlated with both religion before and after the offense ($p<.001$), and therefore was used in the following mediation models. Additionally, alcohol was correlated with both religion before and after the offense ($p<.05$) (See Table One).

Table 1: Significant Correlations with Religion Before and After the Offense

	Importance of Religion Before Offense	Importance of Religion After Offense	N
Emotional Neglect	-.22*	-.22*	321
General Delinquency	-.17**	-.14**	283
Property Damage	NS	-.16**	297
Felony Theft	-.16**	-.22**	289
Alcohol Use	-.14*	-.13*	291
Drug Use	-.17**	-.19**	286
Felony Assault	NS	-.14*	294

** Correlation is significant at .01 level (two-tailed)

* Correlation is significant at .05 level (two-tailed)

A variable may be considered a mediator to the extent to which it carries the influence of a given independent variable (IV) to a dependent variable (DV), and whether the path between

the IV and DV (also called the direct effect) is significant. In other words, in an intervening variable model, or in the simple mediation models used in this study, the independent variable (x) is postulated to exert influence on the outcome variable (y) through an intervening variable or mediator (M) (Peacher & Hayes, 2008) (see Tables 2-5). Mediation can occur when the effect of the IV on the DV (the direct effect) is reduced upon the addition of the mediator to the model. The hypothesis in the current study was that the religion variables (before and after the offense) would account, at least in part, for the relationship between victimization and alcohol and substance abuse. Mediation is supported when the intervals around the indirect effect regression coefficient (a+b in the models; see Table 1) do not contain zero, indicating a significant indirect effect. There would be support for partial mediation in the case where the relationship between the IV and DV (the direct effect) remained significant (but was reduced) when the mediator is introduced and the indirect effect was also significant.

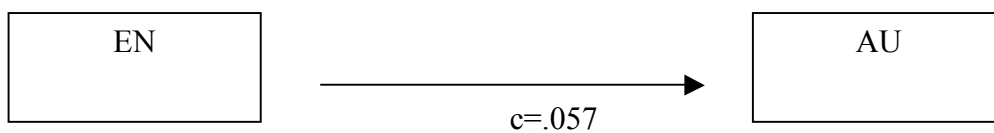
Four mediation models with emotional neglect were conducted, and analyses showed there was support for full mediation of both religion variables in the relationship between emotional neglect and alcohol abuse (see Tables 2-5). The direct effect was no longer significant at .05 (see Mediation Model 2 and Table 1). In other words, the direct effect was not significantly different from zero, and therefore support for mediation exists – religion before the offense mediates the relationship between emotional neglect and substance abuse. There was support for partial mediation for the models predicting drug use, because the direct effect is reduced from the total effect (direct effect + indirect effect = total effect), and is still significant at $p=.037$, thereby supporting partial mediation. That is, the path between emotional neglect and substance use is reduced when religion is introduced, but is still significant and different from zero. In the model that predicted alcohol use, the direct effect became nonsignificant ($p=.07$ ad

p=.06 respectively), indicating support for the model in which religion mediates the effect of the relationship of emotional neglect on alcohol use both before and after religion. In the models with drug abuse, the direct effect of emotional neglect on substance abuse was significant indicating partial mediation because the direct effect, while still significant, is reduced from the total effect. It is the case for the drug use models that greater victimization predicted greater drug abuse, even when religion was used as a mediator.

The current study first explored the prevalence of trauma among sexually abusive youth who are incarcerated and the relationship between childhood victimization and subsequent non-sexual and sexual offending. Findings indicate that CTQ total score was positively correlated with the following SRD subscales – general delinquency, property damage, felony theft, public disorderly, alcohol use, drug use, and robbery ($p < .02$). Emotional abuse was the only CTQ significantly correlated ($p < .001$). As the importance of religion increases, the impact of emotional neglect decreases, therefore was entered into mediation models.

Model 1: Emotional Neglect Predicting Alcohol Use Mediated by Religion Before the Offense

Total Effect



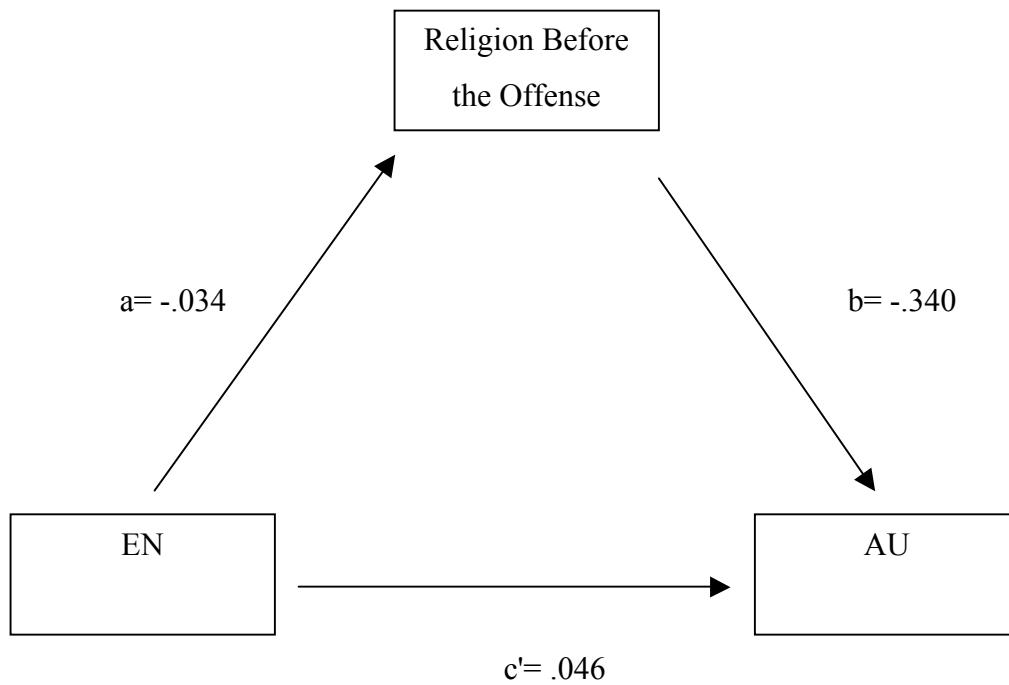


Table 2: Model One

	β	Standard Error (S.E.)	p
Total Effect (c)	.057	.024	.02
Direct Effect (c')	.046	.025	0.068
Indirect Effects:			
(a)	-.034	.008	<.001
(b)	-.340	.166	.042

The first mediation model tested the direct effect of emotional neglect on alcohol use with the importance of religion before the offense as a mediator. Results indicate that religion mediated alcohol use to manage emotional neglect – the more important religion is, the less alcohol is consumed.

Model 2: Emotional Neglect Predicting Drug Use Mediated by Religion Before the Offense

Total Effect

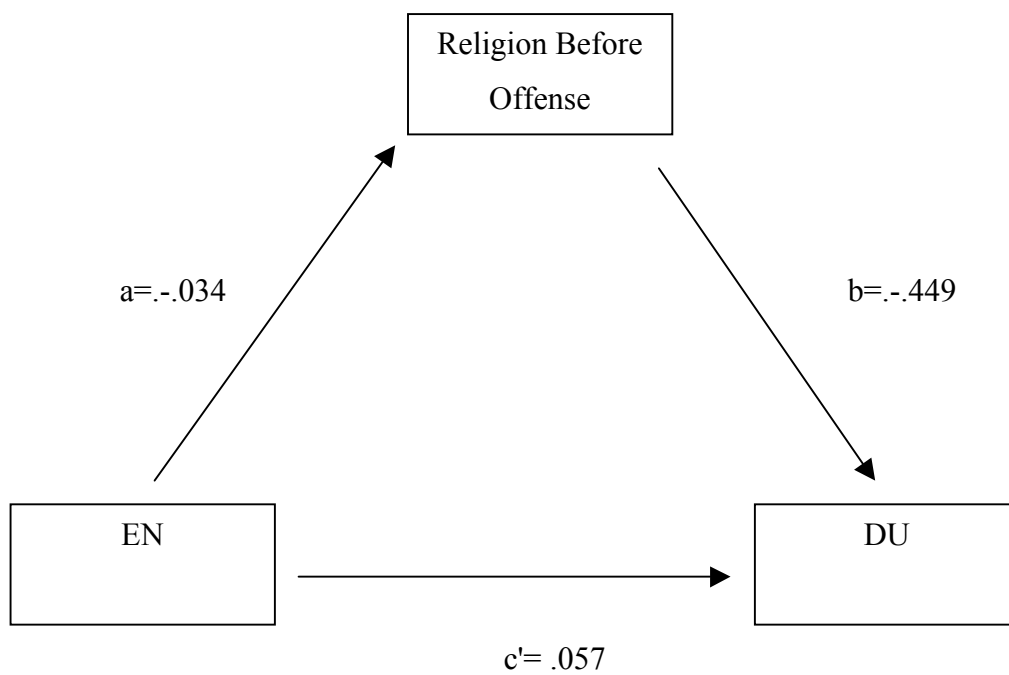
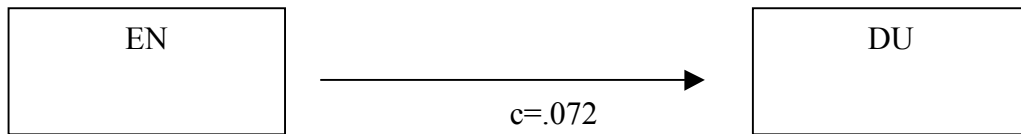


Table 3: Model Two

	β	Standard Error (S.E.)	p
Total Effect (c)	.072	.027	.007
Direct Effect (c')	.057	.027	0.037
Indirect Effects:			
(a)	-.034	.008	<.001
(b)	-.449	.178	.012

The second mediation model tested the direct effect of emotional neglect on drug use and the importance of religion before the offense mediating the relationship. The path between emotional neglect and substance use was reduced when religion was introduced, indicating that religion mediates the effect of the relationship.

Model 3: Emotional Neglect Predicting Alcohol Use Mediated by Religion After the Offense

Total Effect

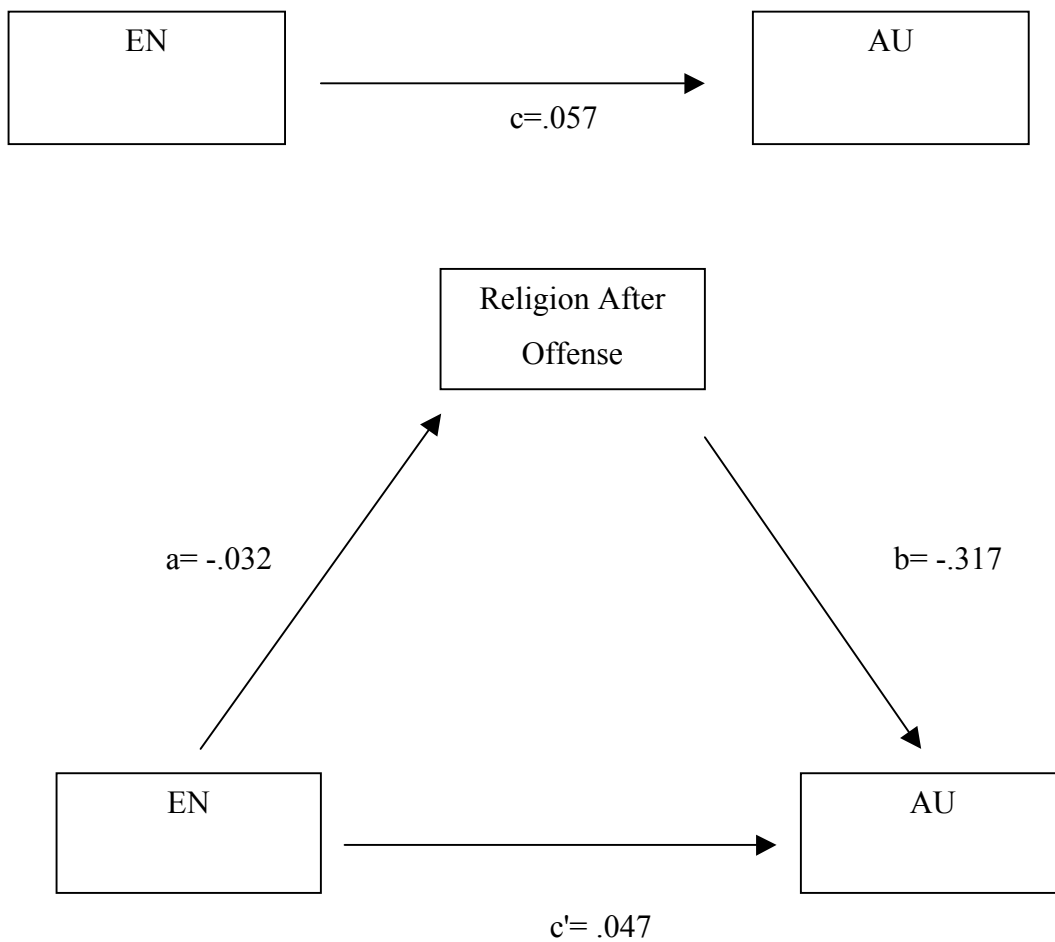


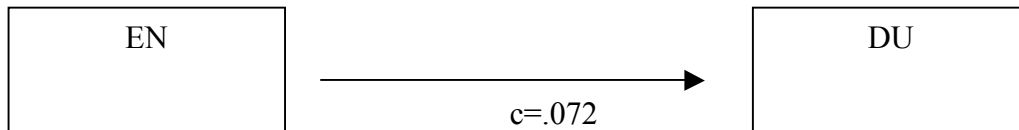
Table 4: Model Three

	β	Standard Error (S.E.)	p
Total Effect (c)	.057	.024	.02
Direct Effect (c')	.047	.025	0.063
Indirect Effects:			
(a)	-.032	.008	<.001
(b)	-.317	.174	.07

The third mediation model tested the direct effect of emotional neglect on alcohol use and the importance of religion after the offense as a mediator. Results demonstrate the increased importance of religion after an offense results in less alcohol use as the effects of emotional neglect decrease.

Model 4: Emotional Neglect Predicting Drug Use Mediated by Religion After the Offense

Total Effect



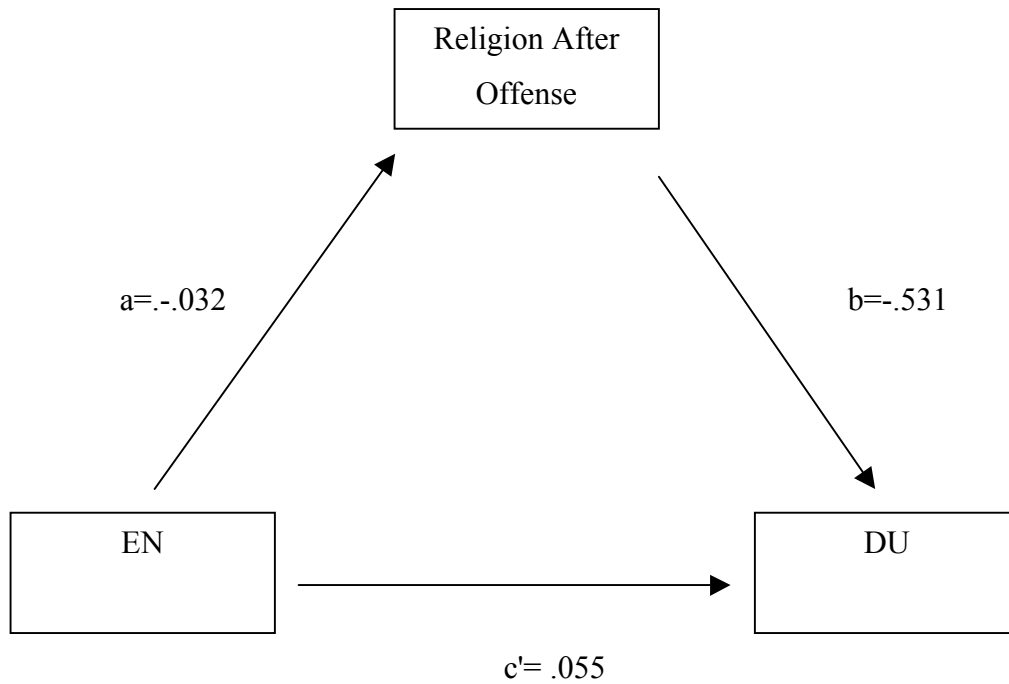


Table 5: Model Four

	β	Standard Error (S.E.)	p
Total Effect (c)	.072	.027	.007
Direct Effect (c')	.055	.027	0.041
Indirect Effects:			
(a)	-.032	.008	<.001
(b)	-.531	.185	.004

The final mediation model tested the direct effect of emotional neglect on drug use and the importance of religion after the offense as a mediator. Consistent with the findings above, religion mediates the relationship between emotional neglect and drug use after offense.

The second hypothesis for this study examined whether self-reported experiences of religion are potential coping strategies that mediate the relationship between trauma and substance abuse. No correlations were found between religion and sex offense characteristics;

however, correlations were found with most SRD subscales (nonsexual crimes). Before the offense, religion was not correlated with most SRD subscales except general delinquency, felony theft, and drugs and alcohol; however, after the offense, religion was correlated with SRD subscales. These results lead to the presumption that the importance of religion increased after adolescents committed their offenses.

Finally, the third hypothesis investigated whether substance abuse mediated the relationship between trauma and force in sexual offending. Substance abuse was not correlated with sexual offense characteristics; therefore, mediation models were not conducted using sex offense variables, such as number of victims.

Summary of Findings

Analyses showed a significant direct effect of CTQ Emotional Neglect on Drug Use only (not for the model predicting alcohol, in which there was support for religion mediating the effect of emotional neglect on alcohol use) when controlling for the importance of religion both before and after the offense. Results showed full mediation of the effects of religion on alcohol use and partial effects in predicting drug use. The model predicted drug use with religion before ($\beta=.055, p=.041$) with youth who reported greater emotional neglect also reporting higher levels of substance use.

CHAPTER V

DISCUSSION

The current study explored the relationships between trauma, sexual offending and delinquency, religion, and substance abuse among adjudicated males. Emotional neglect was the only CTQ subscale correlated with both religion questions (before and after offense) and many SRD variables ($p < .01$), including drug use, along with two of the sexual offense characteristics (total force and total victimization), not with all sexual offense characteristics (i.e., perpetration severity). However, religion was not correlated with any of the sex offense characteristics. Therefore, we used four mediation models, which included religion before and after incarceration as the intervening variable between emotional neglect and alcohol or drug use. Mediation models examining the direct and indirect effects of the five trauma subtypes on alcohol or drug use were not significant except for emotional neglect. Findings indicate that religion mediated alcohol and drug use to manage emotional neglect both before and after incarceration. Specifically, there was full mediation for alcohol use and partial mediation for drug use. While these differences are of interest in the current study, the exploration of types of drugs of abuse and how youth with a history of victimization cope would contribute to future research.

Self-reported substance use as a consequence and possible correlate to a history of victimization and force was investigated. While substance abuse was not correlated with sexual offense characteristics, based on the findings in this study there is preliminary evidence that

greater victimization predicted greater substance abuse. This correlation supports previous research suggesting that substance abuse can function as an attempt at behavioral regulation for victimized children in order to gain a sense of mastery or control, avoid intolerable or overwhelming emotional experiences, or attempts to experience acceptance or intimacy (Cook, et al., 2005; Goodman, 1993; Khantzian, 2003). The results are consistent with a large body of research demonstrating the relationship between the victimization of incarcerated adolescents (Mendel, 2011; Shufelt & Coccozza, 2006; Maschi, et al., 2010) and substance use (Brown & Burton, 2010; Kingston & Raghavan, 2009; Quinsey, Skilling, Lalumière & Craig, 2004). As mentioned above, many forms of victimization and complex trauma, including neglect and emotional abuse, often do not have direct equivalents in adulthood and lead to a highly victimized youth population. The findings of the current study suggest that emotional neglect may contribute to adolescents' use of alcohol or drugs to mitigate the vulnerability caused by trauma. Consistent with research on successful treatment protocols and programs (Altshuler & Armstrong, 1994; Altschuler & Brash, 2004; Ellis & Sowers, 2001), the effectiveness of treatment for sexually abusive and delinquent adolescents may be maximized by assessment, prevention and intervention strategies that identify substance abuse as a maladaptive attempt at coping with trauma.

The results of this study also suggest that the path between emotional neglect and drug use is partially reduced when religion is introduced. While there is currently a dearth of available research on the role of religion among sexually abusive and delinquent youth, religion has been shown to be a preventative factor in a variety of mental health conditions among adolescents such as addiction, anxiety, depression, and suicide (Burton & Gockel, in press; Oman & Thoresen, 2005). In addition, results suggest that religion mediates the effect of the relationship

of emotional neglect on alcohol use both before and after the presence of religion in the lives of adjudicated adolescents.

Previous research has hypothesized that religion strengthens physical and psychological well-being through cultivating positive emotions, providing adaptive coping for distress, encouraging healthy behaviors, and providing social support (Burton & Gockel, in press; Oman & Thoresen, 2005). Recent studies with adults support religion and positive religious coping reducing psychiatric symptoms of trauma (Burton & Gockel, in press; Gall, 2006; Walker, Reid, O'Neill, & Brown, 2009). Trauma disrupts life's meaning and coherence and challenges one's assumptions about safety in the world. Religion can provide a framework for making meaning in one's life and environment, connect youth to a community of caring peers and adults, and provide emotional support (Sinha, Cnaan, & Gelles, 2007; Smith & Denton, 2005), which may lead to opportunities for healing. Holistic perspectives for treatment modalities for this population could benefit from adopting a bio-psycho-social-spiritual perspective (Canda & Furman, 2010; Jacobs, 2007) that facilitates identifying positive coping strategies and a connection to positive supportive communities (Burton & Gockel, in press). This paper utilized a bio-psycho-social-spiritual framework to examine the potential mediating role of religion among victimized adolescent sexual abusers, an approach that addresses the totality of a person's relational experiences.

Implications for Treatment

Existing research elucidates mental health needs of adjudicated adolescents, including the repercussions of exposure to trauma and substance abuse (Leibowitz, 2012; Maschi, et al., 2010; Mendel, 2011; Shufelt & Coccozza, 2006). As these youth simultaneously transition in and out of their communities and juvenile detention and incarceration facilities, they are also often

managing the transition from adolescence to adulthood. It is important for interdisciplinary teamwork in juvenile justice, including clinicians, forensic evaluators, and researchers, to continue exploring the relationship between trauma, particularly emotional neglect, substance abuse, and sexually abusive and delinquent behavior (Burton, 2003; Ford, et al., 2012; Leibowitz, 2012). While adolescents experience greater trauma through emotional neglect, their mental health and substance abuse indicates a greater need for holistic treatment in order to provide healing, access to resources and supports, and reduce recidivism.

Many treatment programs and research focused on adjudicated adolescents emphasize the importance of interdisciplinary teamwork within the juvenile justice system (Altschuler & Armstrong, 1994; Altschuler & Brash, 2004; Ellis & Sowers, 2001; Harpell & Andrews, 2006; Reitzel & Carbonell, 2006). Research focused on clinical work with juvenile justice practices explicates the needs for comprehensive assessment focused on a bio-psycho-social-spiritual approach to social systems, identification of needs and strengths, trauma, substance use; prevention strategies and comprehensive intervention techniques that examine the myriad risks, strengths, needs, and protective factors of adolescents; and coordination of services through case management (Ellis & Sowers, 2001). Multisystemic therapy, for example, (MST; Altschuler & Brash, 2004; Reitzel & Carbonell, 2006) is an intensive family- and community-based treatment program that focuses on the person-in-environment perspective through addressing all environmental systems that impact juvenile offenders. While MST seeks to utilize interdisciplinary teamwork in order to enact change and improve quality of life through each system that plays a role in an individual's life, it requires coordinated services among many providers that require economic and structural resources to be effective. Trauma-Focused Cognitive Behavior Therapy is another treatment approach that has been shown to reduced

PTSD and depression symptoms with sexually abused children (TF-CBT; Cohen, Mannarino, & Deblinger, 2006). TF-CBT is a specific short-term psychotherapy approach that works with both children and parents over an average of 12-16 sessions to address the impact of traumatic events (Cohen, Mannarino, & Deblinger, 2006). While TF-CBT has been extensively evaluated, it has not yet been measured for adolescents in the juvenile justice system specifically (Ford, et al., 2012).

Current evidence indicates that there are myriad contributing causes to sexual offending and sexual and nonsexual recidivism (Benoit & Kenedy, 1992; Brown & Burton, 2010; Burton, 2003; Cooper, Murphy, & Haynes, 1996). Sexual victimization is clearly one of those contributing causes. A goal of this study was to examine cumulative victimization rather than specific types of abuse. Understanding the sequelae of trauma that impact adolescents' lives requires comprehensive assessment (Ford, et al., 2012). Risk assessments for juvenile sexual abusers often do not have sexual victimization as a predictor of recidivism, in part because it is not consistently a reliable predictor, and researchers investigating the victim-offender link among sexually abusive offenders have also found that emotional abuse and physical neglect early on in the life-course is a predictor for sexual offending (personal communication, George Leibowitz, June 2013). An area for future research will be to further examine the impact of emotional neglect and cumulative victimization.

Implications for Social Work Practice and Policy

Juvenile justice policies and practices in the United States elucidates areas of social work practice and policy that should be considered in order to enact change and provide treatment for a vulnerable segment of the population. The United States incarcerates a far higher proportion of citizens than any other nation, including 500,000 youth (Alexander, 2012; OJJDP, 2011).

Alexander's (2012) work illustrated the immense challenges facing the system of mass incarceration within the United States as 1 in 30 adults are in some form of correctional custody and 1 million juveniles are under some form of correctional supervision. Contemporary research also indicates that many of these youth are suffering from mental health or substance abuse disorders, which compound the effects of trauma they have often experienced (Alexander, 2012; Loury & Western, 2010; Shufelt & Cocozza, 2006; Widom & Marmorstein, 2006).

The implications of the practice of mass incarceration in the United States are many – low-income communities and communities of color are disproportionately affected by the penal system (Alexander, 2012); adjudication is focused on punishment rather than treatment and rehabilitation, perpetuating cycles of trauma, victimization, and incarceration (Cocozza & Skowrya, 2000; Mendel, 2011); and marginalization, shame, and stigma (Alexander, 2012; Benoit & Kennedy, 1992; Cooper, Murphy, & Haynes, 1996). Research on the juvenile justice system illustrates that incarcerated youth, aged 18-24, are disproportionately minorities, such as African American and Hispanic populations (OJDDP, 2011). Race related trauma is a significant area to consider as part of cumulative forms of victimization are compounded by experiences within the criminal justice system (Alexander, 2012; Basham, 2008). The current study has illustrated the experience of emotional neglect among adjudicated sexually abusive and delinquent juveniles who have been confined to the margins of mainstream society through incarceration. While proposals for holistic, wrap-around approaches focused on all systems in an adolescent's life as the center of treatment (Bertram, Suter, Bruns, & O'Rourke, 2011; Suter & Bruns, 2009) there should also be consideration of how the juvenile justice system also creates severe isolation, distrust, alienation, anger, frustration, and self-hate through the practice of incarceration.

Alexander (2012) describes how the shame and stigma of incarceration not only silences those adjudicated, but impacts the myriad systems and structures in their lives, “The silence this stigma engenders among family members, neighbors, friends, relatives, coworkers, and strangers is perhaps the most painful – yet least acknowledged – aspect of the new system of control (p. 168). Addressing the needs of sexually abusive and delinquent adolescents who have been incarcerated must include the development of holistic treatment options (Longo, 2004), which includes the consideration of the ways in which systems of mass incarceration impact adolescents from the individual to systemic levels within American society, and how policies can be developed to prevent the re-traumatization of vulnerable members of society.

Limitations

As with any study, there are limitations associated with the current study. First, we used cross-sectional data and caution should be exercised drawing conclusions about the casual relationships among the variables investigated in this study. Second, the sample is comprised of incarcerated youth in residential treatment facilities, and the findings may not generalize to youth in community-based treatment programs or non-adjudicated youth. Additionally, findings may not generalize to female adolescents.

As mentioned above, the analyses utilized for the purposes of this paper showed significant direct effect of CTQ Emotional Neglect on Drug Use when controlling for the importance of religion, but only partial effects in predicting drug use. This could be due to suppression effects or problems in subscale and future studies could explore different types of drugs of abuse, such as marijuana, and the effects of religion as a mediator to emotional neglect.

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