An Examination of Sexual Abuse and Suicide Ideation in Delinquent Females in the Texas Juvenile Justice System

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Abstract
The Center for Disease Control (2009) reports that suicide is the second leading cause of death among people between the ages of 15 to 24 in the United States. This research examines the strength of suicidal ideation among a cohort of delinquent girls in Texas. This study examined 2004 data provided by the Texas Juvenile Probation Commission on referrals to the juvenile justice system in Texas (N=6,850). Variables such as race, age and family structure were also examined to determine the strength and effect that sexual abuse has on a juvenile becoming suicidal. The results revealed that family structure, race and sexual abuse have a moderate effect on suicidal thoughts among females in the juvenile justice system. Implications for practice are further explained.

Key Words: female juvenile delinquency, suicide, sexual abuse, victimization

INTRODUCTION

The Center for Disease Control (CDC) reports that suicide is the second leading cause of death among juveniles between the ages of 15 and 24 (CDC, 2009). Nearly thirty percent of high school adolescents claimed to have “thought seriously” about attempting suicide during the previous year. Eight percent of students said they had attempted to kill themselves (CDC, 2009). With the issue of suicide at the forefront, children who are abused by a caregiver or a trusted individual suffer long-lasting damage. According to the Office of Juvenile Justice Delinquency Prevention (2002), a young person that is in between the ages of 7 and 17 years old are more likely to be a victim of suicide than homicide. With results like this, it is becoming clear that adolescent suicide and abuse might be interrelated.

In the life of a juvenile, adolescence is often referred to as a chaotic time with sudden biological and social changes (Barber, 1994). Conflict is a part of normal development during adolescence (Tubman & Learner, 1994). This conflict usually pertains to developmental experiences such as chores, finances, dissatisfaction with physical appearance and even experimentation with substances (Galambos, 1992); however, these juveniles also have to deal with conflicts involving family relations, school difficulties, curfews, dating issues, friends and sexual behavior, which typically cause disagreements between parents and their teenagers (Barber, 1994). For most juveniles, these conflicts are a natural part of growing up and learning to become an adult.

Experiences with abuse are alarmingly high among teenage females involved with the criminal justice system, with statistics showing up to ninety-two percent having fallen victim to one form of physical, emotional or sexual abuse, and fifty-six percent reporting sexual abuse (Acoca, 1998; see also Holsinger, Belknap, & Sutherland, 1999). Research on suicide for adolescents between 15 and 19 years old reveals that during the 1950s to 1990s, the rate of suicides went up by 300 percent and between 1990 and 2003, that rate went down by 35 percent (CDC, 2009). The possible effect of this abuse can manifest itself in problems in the future.

This research will begin to ask the question why delinquent females in the juvenile justice system are becoming suicidal. This research serves to begin conversation of how important the need is to address the plethora of problems that these delinquent girls face on a daily basis. The problem might be suicide, but what is the underlying cause of this problem? This is where this research begins. This study fills a gap in the literature by focusing on a sample of delinquent children rather than exploring the entire population of youth. This can allow administrators in the juvenile justice system to formulate programs that will focus on these abused children and prevent them from entering the justice system in the first place.

REVIEW OF THE RELEVANT LITERATURE

Suicide ideation or thinking is a leading risk factor in completed suicides; moreover, experts believe that suicide ideation is psychologically harmful in and of itself (Gould et al. 2003). For 2001, the rate was 1.5 suicides per 100,000 children between the ages of 10 and 14 (CDC, 2009). Death rate by suicide goes up in late adolescence and this incline continues into the early twenties, without dependence upon race or gender. In the 1999 Youth Risk Behavior Survey, a national sampling of adolescents (primarily high-school students), nine percent of the respondents reported a suicide attempt and eighteen percent reported having seriously considered suicide in the past year (Chatterji, Kaestner & Markowitz, 2003). To further illustrate this problem, community surveys indicate that between 12 and 25 percent of school-aged youth engage in suicide ideation, ranging from nonspecific thoughts about suicide to suicide planning with the intent to die (Brent et al., 1994).

The bulk of the suicide literature concludes that suicide ideation is symptomatic of risk factors that include prior sexual and physical abuse (Brown & Cohen, 1999). Along with severe abuse within the family, these risk factors become more of a concern when the adolescent is involved with the criminal justice system. It is relatively clear that childhood abuse may result in many future problems, including an increase in risk for death by suicide. Past studies have shown that a link between sexual abuse and suicide might exist (Glowinski, Bucholz & Nelson, 2001; Roy, 2003; Joiner, 2004), but the research has not addressed the specific cause or relationship that it has with suicidal behavior, more specifically the relationship it has with at-risk juveniles.

Risk factors are defined as factors that would increase the chances that a juvenile might engage in suicidal behavior (Gould, Greenberg, Velting & Shaffer, 2003). These factors
are generally categorized into personal characteristics, adverse life circumstances, family characteristics, socio-environmental and contextual characteristics. Gould et al. (2003) has identified five personal characteristics that increase an adolescent’s likelihood of engaging in suicidal behavior: these are (1) psychopathology or psychiatric conditions and substance abuse; (2) a history of prior suicide attempts which, according to Gould, is one of the strongest predictors of a juvenile engaging in future suicidal behavior; (3) cognitive and personality factors, including hopelessness and lack of interpersonal problem-solving ability; (4) sexual orientation (primarily being homosexual and rejected by family and peers); and (5) biological factors such as problems with serotonin functioning.

The bulk of the research seems to also focus on the specific risk factors or clinical indicators of suicide ideation, however, little of it focuses on utilizing a juvenile justice population when examining this abuse and suicide ideation. Researchers have concluded that several contributory indicators associated with suicide ideation in the juvenile justice system include mood and substance abuse disorders, guilt, aggressive behaviors, shame and parenting difficulties (Teplin, Abram, McClelland & Dulcan, 2002; Wasserman et al., 2002). These factors, along with others, can be risks for suicidal ideation and other serious antisocial disorders. Examples of these other factors can include school difficulties and the degrees of exposure to suicidal behavior that the adolescent is subjected to at home or in the media (Gould et al., 2003). Gould et al’s (2003) research concludes that that parental psychopathology plays a strong role in the transference of this suicidal ideation from parent to child. Suicide ideation is high if the child is consistently exposed to a parent’s extreme depressive state or abuse is present in the home. The adolescent becomes desensitized to suicide as an escape and adopts it as an option to end the psychological pain.

Numerous research studies have examined the risk factors and suicide attempts by age, race, educational level, family history, religion, socioeconomic level, sexual orientation, and other demographic variables (D’Augelli, Hershberger, & Pilkington, 1996). These studies focused on the person who may be at risk, but does not specify why a specific adolescent might be more prone to suicide. Adolescents who have an increased risk of suicide have substance abuse issues, psychiatric and medical problems, stress and antisocial behavior (D’Augelli, Hershberger, & Pilkington, 1996; Levy, Jurkovic, & Spirito, 1995).

Childhood sexual abuse might be more related to suicide deaths than any other types of abuse because victims experience more physical pain with sexual abuse than with other types of abuse, such as neglect (Joiner et al., 2006). Brent et al. (1994) examined the relationship between childhood suicidal ideation and abuse, finding that victims of suicide attempts had a higher rate of childhood and adolescent abuse than that of a control group of non-abused adolescents. In other words, abuse might play a role in a child’s rationale for contemplating suicide. To further illustrate the risk factor research, Roy (2003) examined 280 individuals with a prior history of alcohol problems and determined that physical abuse was linked with the number of suicide attempts during the subjects’ lifetimes. Kendler et al. (2000) found that females in the United States who reported childhood sexual abuse have a markedly higher risk for developing a broad range of psychological problems.

MacMillan et al. (1997) in Canada also found a link between childhood abuse and suicide attempts, major depression and anxiety disorders. Dinwiddie (2000) shows that those who reported childhood sexual abuse were more likely to be diagnosed with depression, conduct and panic disorders or alcoholism, as well as being more likely to report suicidal ideation and having a history of at least one suicide attempt. Santa Mina and Gallop (1998) researched over 10 years of clinical studies and concluded that females with a history of childhood sexual abuse are vulnerable to nonfatal suicidal ideation. In Joiner’s (2006) research utilizing variables such as individual medical history, family psychiatric history and problems, family of origin issues, childhood abuse and parental history of suicide attempts predicted respondent suicide attempts (Joiner et al., 2006). Joiner et al (2006) also found the effects of physical abuse and sexual abuse were relatively similar to one another. Gould et al. (2003) argues that there is very little relationship between socioeconomic status and suicide. Suicidal behaviors often cross the lines of class and even race.

In the last few years, suicide rates among older teen girls, those aged 15-19 has increased 32 percent; rates for males in that age group rose 9% (CDC, 2009). These numbers also mimic the population of non-juvenile justice related population. Either way, girls are taking their lives at a much faster rate than boys. Examining this issue, we look to see what variables play a factor in this.

METHODS

Data
A large, diverse sample of delinquents was utilized in this research. This study examined 2004 data collected by the Texas Juvenile Probation Commission (TJPC) from referrals to local juvenile probation departments. The sample was then limited to only females that were referred to the juvenile justice system in Harris County, Texas, between the ages of 10 and 17 years old (N=6,850). No juvenile in our sample was or exceeded the age of 18 years old because Texas law does not consider these young people to be juveniles for the purpose of referral to the juvenile justice system. The mean age of the entire sample of juvenile females is 15.24 years with a standard deviation of 1.27 years.

Measuring Instrument
MAYSI-2 (Massachusetts Youth Screening Instrument - Second Version)

The MAYSI-2 is a screening tool used to assist in the identification of various types of mental/emotional disturbance, distress or patterns of problem behavior (Grisso & Barnum 2000). The primary goal of this assessment tool is to alert the administrator to potential needs and triage for high-priority immediate response. According to its authors, the MAYSI-2 is not intended to render diagnoses but merely to identify youths who may have special mental health needs including suicidal thoughts. Like any other screening instrument, the MAYSI-2 “serves as a first look at the possibility of a youth’s special mental health needs, but it does not seek to diagnose mental disorders or to provide information on which important and long-term interventions should be decided” (Grisso & Barnum 2000). In Texas, the MAYSI-2 was mandated by state law in 2001 to be administered to all juveniles referred to local juvenile probation departments at formal intake by certified juvenile probation officers who have been trained to administer the instrument (Espinosa, Schwank, & Tolbert, 2003). The MAYSI-2 is categorized into various subscales. These subscales are alcohol/drug use (AD), angry-irritable (AI), depressed-anxious (DA), somatic complaints (SC), Suicide Ideation (SI), thought disturbance (TD, in boys only), and traumatic experiences (TE). For the purposes of this research, the SI subscale was analyzed. The
level of suicide ideation is based upon scores on the MAYSII – 2 (Massachusetts Youth Screening Instrument- Second Version). Subsequently, these responses were given to the juvenile probation department upon the child’s intake into the juvenile justice system. The primary variable being measured is the relationship that sexual abuse has on a girl’s suicidal thinking. Suicide ideation is extracted from reported responses to the MAYSII standardized instrument.

**Measures**

**Independent Variables**

The data was coded to account for the independent and dependent variables, respectively. These variables are race, age, sexual abuse and family structure. The codes include that race, white/caucasian is 0 and 1 for minority (non-whites). Hispanic, African Americans, and Asians were included in the non-white category. This sample included only children 10 through 17 years of age. Children under the age of 10 and over the age of 17 (at the age of initial entry into system) were excluded because in the State of Texas these ages would not be included in the juvenile justice system. The next variable is sexual abuse. All abuse was self-reported to the assessment and intake officer when the child enters the juvenile justice system at arrest. In the data that was provided by the Texas Juvenile Probation Commission, the sexual abuse variable is re-coded from: Y=Yes, N=No, S= Suspected and U= Unknown to Yes and No, with No including the unknown responses. This was done to consolidate the Children suspected as being victims of child abuse were converted to Yes because the abuse was, although not officially reported, likely to have occurred based upon the decision of the juvenile probation officer conducting the assessment interview. The main reason for this recoding of the original variables was to dichotomize for the purposes of statistical analysis. The next variable is the child’s family structure. The code includes if the child lives two parent household or in an extended or blended family arrangement. Our goal is to see how much of an influence living arrangements, in a nuclear family or extended family has on our dependent variable.

**Dependent Variable**

The dependent variable consists of the suicide ideation score on the MAYSII-2. This variable was coded the MAYSII suicide ideation score (SI: 0= No, 1=Yes). The MAYSII-2 classifies suicide ideation on a severity scale from 0 to 5 (0= no suicide ideation, 1= low risk for suicide ideation, 3–5= warning to possible severe suicide ideation). Juveniles that scored 0 were classified as no suicidal ideation and all other scores were considered suicide ideation. This was to include all degrees of severity within suicide ideation. We consider all reports of suicidal thoughts from low to severe to be relevant, for this study, not just varying degrees. The SI scale of the MAYSII-2 has five questions. Three of the questions specifically address a juvenile’s thoughts about harm and two of the questions involve depressive symptoms that may present increased risk for suicide. One of the items, question 5, is shared with the depressed-anxious scale. The following are the questions asked within the SI scale section:

1. Have you wished you were dead?
2. Have you felt like life was not worth living?
3. Have you felt like hurting yourself?
4. Have you felt like killing yourself?
5. Have you given up hope for your life?

Due to the dependent variable (suicide ideation) being measured as a dichotomy, logistic regression was chosen as the appropriate statistical method of estimation for the multivariate analysis (Fox, 2008).

**FINDINGS**

This analysis utilized a data set that consisted of all female juveniles who have been referred to the juvenile justice system in Harris County, Texas. Table 1 indicates that these children have reported sexual abuse at a much lower rate than reported being suicidal. Table 1 also indicates that non-white minorities make up almost three-fourths of the entire sample. In Harris County, Texas whites do not make up the majority racial composition.

| Table 1. Frequency Distribution of Juvenile Females in Sample. (N=6,850) |
|-----------------------------|-----------------------|---------------------|
| Variables                   | %                     | Means               |
| Race                        |                       |                     |
| White                       | 26.1                  | 1790                |
| Non-White (Minority)        | 73.9                  | 5060                |
| ChildLiv (Child Lives With) |                       |                     |
| Both Parents (Father/Mother) | 10.8                  | 740                 |
| Other (Blended/Extended Family) | 89.2              | 6110                |
| SuspectE (Sexual abuse)     |                       |                     |
| No Reported Sexual Abuse    | 90.7                  | 6214                |
| Reported Sexual Abuse       | 9.3                   | 636                 |
| SISCORE (MAYSII Suicide Ideation Score) | 82.3   | 5636                |
| Suicide Ideation            | 17.7                  | 1214                |

*Minority=1  **Other (Blended/Extended Families)=1  ***Sexual Abuse=1  ****Suicide Ideation=1

The findings indicate that female juveniles who live in a two parent household are comprised of a mother and father only consist of only one tenth of the entire population. Suicidal delinquent females were also more likely to live with their mother and father than other blended family situations. However accounting for sexual abuse, over ninety percent of the population reported having no history of sexual abuse. Juvenile female delinquents, who were involved in the juvenile justice system in Harris County, exhibited a rating of suicidal ideation 18% of the time (See table 1). Of the 636 reported incidents of sexual abuse of juveniles that were referred into the juvenile justice system, almost 20% of those have reported some form of suicide ideation.

Minority or non-white offenders represent a larger portion of offenders in the juvenile justice system in Harris County, Texas, however they report a lower rate of suicidal ideation than their white counterparts. Specifically in this sample, white females were more likely to be suicidal than minority females that are referred to the juvenile justice system. There is a 4.2% difference between white and minorities being suicidal and being sexually abused.
While evaluating the sexual abuse variable, children are more likely to become suicidal when they have reported to youth authorities that they have been sexually abused. According to the data included in Table 2, 15.5% of females that have reported being suicidal live in an extended or blended family arrangement rather than with a two parent household consisting of their mother and father only. While still examining the relationship between living arrangement, suicidal ideation and sexual abuse, a two parent, mother and father living arrangement accounted for more than twice the percentage of suicide ideation in comparison to an extended or blended family (Blended/Extended Family: 15.5 and Both Parents: 36.5, respectively). This could propose a strong negative influence that a two parent living relationship might have on suicidal females in the juvenile justice system.

In Table 3, the variables that were examined in this study were significant and show little sign of multicollinearity, however, the largest correlation, negatively speaking, exists between the suicidal score and child lives with variables (-.171, sig). As indicated in Table 3, the age column indicates a weak negative correlation with the other predictor variables. An explanation could be that the age range of the juveniles was modified to include juveniles that only ranged in age from ten through seventeen years old. Due to a low correlation of these variables, confidence is high that these variables will not produce collinearity when running a regression model.

### Table 2. Relationship Between Predictor Variables and Suicidal Ideation

<table>
<thead>
<tr>
<th>Variables</th>
<th>% No Suicide</th>
<th>% Suicide Ideation</th>
<th>Chi-Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td>24.525***</td>
</tr>
<tr>
<td>White</td>
<td>78.4</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>Non-White (Minority)</td>
<td>83.6</td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>ChildLlv (Child Lives With)</td>
<td></td>
<td></td>
<td>0.317***</td>
</tr>
<tr>
<td>Blended/Extended family</td>
<td>84.5</td>
<td>15.5</td>
<td></td>
</tr>
<tr>
<td>Both Parents (Mother/Father)</td>
<td>63.5</td>
<td>36.5</td>
<td></td>
</tr>
<tr>
<td>SuspectE (Sexual abuse)</td>
<td></td>
<td></td>
<td>7.01**</td>
</tr>
<tr>
<td>No Reported Sexual Abuse</td>
<td>82.7</td>
<td>17.3</td>
<td></td>
</tr>
<tr>
<td>Reported Sexual Abuse</td>
<td>78.5</td>
<td>21.5</td>
<td></td>
</tr>
</tbody>
</table>

*p <.05  **p <.01  *** p <.001

Examining the child sexual abuse variables, the research indicates that children who were sexually abused were significantly more likely to report suicidal ideations (odds ratio: 1.37, sig). In other words, if a child is sexually abused, she was more likely to become suicidal than not. For every yearly increase in age a juvenile female is 6% more likely to report suicidal ideations (odds ratio: 1.064, sig). The strongest regression relationship is the child’s living arrangement variable. In our research, a child that lives with both of her parents is 32% as likely to report suicidal ideations (-1.126, sig). Minorities were only 75% as likely to report suicidal ideation as their white counterparts. Our data indicates that sexually abused juveniles and non-sexually abused juveniles report a close rate of suicidal ideation. These variables have a difference of only 4.2%. In understanding the effect that suicidal ideation has on delinquent girls, the model indicates that race and the family living arrangements do have an effect on a child’s suicidal ideation. This increase would be going from a mother/father relationship to a blended family dynamic. We might conclude that sexual abuse and age could increase a female’s likelihood of becoming suicidal. Prevention programs that focus on family relationships to address sexual abused children are needed to combat this epidemic.

### Table 3. Variable Correlations Analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>RACE</th>
<th>CHILDLIV</th>
<th>SUSPECTE</th>
<th>AGE</th>
<th>SISSCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACE</td>
<td>.057***</td>
<td>.005</td>
<td>-.099***</td>
<td>-.060***</td>
<td></td>
</tr>
<tr>
<td>CHILDLIV</td>
<td></td>
<td>.022</td>
<td>-.034**</td>
<td>-.171***</td>
<td></td>
</tr>
<tr>
<td>SUSPECTE</td>
<td></td>
<td></td>
<td>-.032**</td>
<td>.032**</td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td>-.050</td>
<td></td>
</tr>
</tbody>
</table>

*p <.05  **p <.01  *** p <.001

### Table 4. Logistic Regression Estimates for the Determinants of Suicide Ideation (N=6,850)

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>SE</th>
<th>Wald</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>-.279</td>
<td>.071</td>
<td>15.613</td>
<td>.757**</td>
</tr>
<tr>
<td>Child Lives With</td>
<td>-1.128</td>
<td>.085</td>
<td>177.615</td>
<td>.324*</td>
</tr>
<tr>
<td>Suspect Sexual Abuse</td>
<td>.321</td>
<td>.104</td>
<td>9.595</td>
<td>1.379*</td>
</tr>
<tr>
<td>Age</td>
<td>.062</td>
<td>.026</td>
<td>5.762</td>
<td>1.064*</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.352</td>
<td>.413</td>
<td>10.708</td>
<td>.259*</td>
</tr>
</tbody>
</table>

*P <.05  **p <.01  *** p <.001

Pseudo R² = .048
Variance Inflation Factor (VIF): 1.007
Outcome variable: Suicidal Ideation (SI)

### Discussion and Research Limitations

This study was conducted to examine a factor of why juveniles in the juvenile justice system might become suicidal. This research further examined the effects that race, family structure, and age have on the suicidal ideation variable. This study utilized the MAYS!, a brief screening tool utilized by criminal justice professionals, to identify problems with juveniles who have been placed into the juvenile justice system. The findings reveal that there is a moderate positive relationship between sexual abuse of juveniles and their suicidal thoughts. The findings indicated that the strongest relationship found was that females in the juvenile justice system who live with a single parent or other blended or extended family members were less suicidal than juvenile females who live in a two-parent home consisting of the mother and father only. This research is not asserting that living in a mother/father relationship is any better or worse than a blended family. This only explains that the family dynamic has a strong effect on troubled teens and needs to be thoroughly explored. A consideration for juvenile justice agencies might be focusing on the impact that a family relationship has on the children. According to this research, the family relationship is important to the health and well-being...
of adolescents, especially sexually abused females. This could also illustrate that divorce or 
severing the mother/father relationship could have a negative indirect effect on the females, 
especially one in the juvenile justice system, thoughts of suicide; however, this research found 
that a blended or extended family structure could have a positive impact, leading fewer girls 
in this age group to contemplate suicide. This could be due to the sheer numbers of family 
members the blended or extended family members have versus two parent households.

The data also indicates that females who were sexually abused might be more likely to 
report and exhibit suicidal thoughts than non-sexually abused females. The research would 
indicate that the 9.3 percent of known sexually abused juveniles is probably a lot higher due to 
failure to report prior abuse history to criminal justice personnel. An overwhelming majority 
of these delinquent girls come from blended and extended families. Univariate analysis also 
indicates that 17.7 percent of the population of juveniles report having some form of suicidal 
tendency prior to entrance into the juvenile justice system. At first glance, 17.7 percent does not 
seem to be a lot, however when comparing this with the overall population, the study found that 
1,214 juvenile females in the juvenile justice system report having suicidal tendencies. This 
is a lot of suicidal at-risk females in only one county in Texas. Suicide is becoming a serious 
problem, especially with females who have histories of physical, mental and emotional abuse 
in their pasts.

**Limitations of this Research**

This research study examines the influence of sexual abuse among juvenile females 
between the ages of 10 and 17 in the Texas juvenile justice system. No juveniles under the age 
of 10 were considered in this research. This is because juveniles under the age of 10 are more 
likely not to be charged in juvenile court with a criminal charge. Juveniles who are over the age 
of 17 are generally sent to adult court for processing in lieu of juvenile court. This research also 
includes only females and not males. The rationale for this is that female juvenile offenders 
are an under-researched population and further research is desperately needed to understand 
the rationale of female suicide ideation than boys. This research also only includes females in 
the largest county in Texas, Harris, not other counties or states. The sample of females in the 
largest county in Texas serves as a good representative sample for all the counties in Texas 
because Harris County encompasses rural and city populations. Another reason this county was 
examined is that is also the third most populous county in the United States and, according to 
the United States Census, Harris County consisted of 29 percent of the total population under 
the age of 18 years old. The problem is that utilizing a population of females in Harris County, 
Texas might not represent a population of juveniles in upstate New York; however, this research 
has been clear about utilizing a population of delinquent females exclusively from Texas. This 
research is only focusing on a population of delinquent females who are in the juvenile justice 
system in Texas, nothing more than that. Further research might be needed to include studies 
that will consider the above geographic limitations.

This research utilized only four control variables within this analysis. In order to increase the 
statistical significance of the regression outcomes more control variables are needed. However, 
this research examines these five variables only. These variables were selected because some 
of the data that was collected from the TJPC was missing. When TJPC collected the data from all 
254 counties not all the variables were accurately reported. Prior delinquency measures 
were not used in this research project. This was for two reasons: (1) agency data that was 

obtained was often incomplete. This type of data obtained is often raw and the specific offense 
information for each offender was not always available. (2) This research only examined the 
juveniles who entered the juvenile justice system at the time of intake and did not follow them 
after they were released from the system. This research was conducted to examine females in 
the juvenile justice system, not recidivism rates.

Harris County was singled out in this research for two reasons. First, this is primarily due 
to the inaccuracy of the data that other counties in Texas reported. Harris County had the most 
complete data out of any county in Texas. Second, this county is the most populous county in 
Texas and its offender demographics are consistent with the rest of the state. This research 
is also limited to the MAYSI-2 screening instrument. This research is built on the foundation 
of this instrument. The self-reporting nature of the data also presents some limitations. Self- 
report data faces the following issues: the use of inconsistent instruments, inaccurate reporting, 
response set, deficient research designs and poor choice of settings or subjects. Other limitation 
of self-reported data includes telescoping, untruthfulness and social desirability. The juveniles 
who take this exam upon intake might be just telling the facility staff what they want to hear. 
Another limitation utilizing the MAYSI-2 exam is the nature of the way it is given to juveniles 
who are incarcerated. This exam is given to juveniles within a few days upon intake into a 
juvenile justice institutional setting. Administering this test so early in the incarceration period 
might not give an accurate reading of juveniles’ thoughts about suicide. It is clear from the 
research that a juvenile is most likely to be suicidal early in the stage of her incarceration due 
to the uncertainty and fear of being incarcerated (Espinosa et al., 2003).

**CONCLUSION AND POLICY IMPLICATIONS**

Suicide is the second leading cause of death among juveniles and young people between 
the ages of 14 and 25 (Center for Disease Control, 2002). As stated earlier suicide rates among 
older teen girls, those aged 15-19 has also increased 32 percent; rates for males in that age 
group rose 9% (Center for Disease Control, 2002). This research supports this outlining that 
suicide ideation amongst a population of girls in the juvenile justice system is increasing. 
More attention needs to be paid to the biological and social changes that a juvenile goes 
through during the puberty years. Juveniles must have a place to be able to express their 
concerns and a healthy adult who can offer sound advice and guidance to these adolescents. 
Children who engage in these risky behaviors often have no place to turn when confronted 
with problems such as drug abuse, sexuality problems, relationship issues, etc. These problems 
often escalate into situations in which the female might feel that the only alternative is taking 
her life. Parents often feel a tremendous amount of guilt when the child takes her own life and 
often wondering if there was anything that could have been done to prevent it. This research 
serves as a starting point to answering their question by saying, yes, something can be done 
to prevent your child’s suicide.

Several suicide measures have been established as risk factors for completed suicide. 
Nevertheless, it should also be emphasized that the evaluation of a juvenile’s risk for suicide 
should never be based upon a score of a single scale (Brown, 2009). Rather, a comprehensive 
assessment should be conducted in order to evaluate an individual’s risk for suicide (Brown, 
2009).
There is need for specific programs in juvenile justice systems for sexually abused girls to address the sexual abuse problem while they are incarcerated or under supervision of the state, rather than utilizing generic therapists. This research indicates that when a juvenile is sexually abused, the chances that she will become suicidal increase. There is a strong need for juvenile justice personnel to target these sexually abused girls and provide treatment for the abuse rather than placing them in group therapy to address other problems (i.e. anger problems, drug issues etc.). Sexual abuse is generally the contributing factor that leads them to engage in destructive behaviors (drug abuse, suicidal thoughts, promiscuous behaviors etc.). Targeting the abuse is just as needed as targeting a disease rather than just the symptoms alone.

Typically, female juvenile offenders are viewed as troublemakers, “bad seeds” or criminals first and victims second or not at all (Chesney-Lind, 1997). While having been sexually abused does not excuse a female juvenile’s delinquent behavior and suicidal ideation, it explains those things and these girls would benefit from being treated not only as offenders, but also as victims. Sexual crimes are crimes of power, and sexual crimes against children are crimes of power over some of the most vulnerable, and by definition, nearly powerless, members of society. During instances of sexual abuse, children can be made to feel powerless by having the well-being of someone they love, or of themselves, threatened; likewise, the offenders may stress to the children that if the children report the abuse, nobody will believe the allegation because it originated from a child rather than from a known and trusted adult. Sexual abuse of children, then, is not only a crime of physical depowering of the child but also of emotional depowering. Both of these aspects of sexual abuse must be addressed for the child to begin healing. Children who are sexually abused during these important developmental years shape their everyday lives around the abuse and the ways it is addressed or not addressed. Sexual abuse is different from other types of abuse, such as physical abuse or neglect, because its indicators are not always visible to the untrained eye; children can be reluctant to report sexual abuse for fear of not being believed, or for fear that someone they care about may be harmed; and false or misleading reports of the abuse have cast many a doubtful light on youths who do report sexual abuse, particularly teenage girls.

All of these resulting circumstances contribute to the emotions, behaviors, delinquency and suicidal ideation of female juvenile offenders. To truly reduce delinquency, recidivism, and suicidal ideation in the juvenile female population, it is imperative to target sexual abuse for treatment. This is just as necessary as targeting a disease rather than addressing its symptoms. In consideration of this information, the policy suggestion that should follow would dictate that frontline juvenile justice staff must be more thoroughly trained about sexual abuse of juveniles in order to more effectively address the abuse with the victims. This training would include, but is not necessarily limited to: recognition of symptoms of sexual abuse; initial screening of juveniles to detect possible sexual abuse; procedures for referring juveniles who have disclosed sexual abuse to providers who may more thoroughly address the abuse; and techniques for managing day-to-day behavior, including continued delinquency, substance abuse or emotional outbursts of juveniles who have disclosed sexual abuse. Addressing past sexual abuse with a juvenile can lead to improved behavior and emotional state as well as a decrease in suicidal ideation.

Future research could utilize the effect that sexual abuse has on males in the juvenile justice population. It is hypothesized that males would probably internalize the abuse at a much higher rate than females. Research like this could offer a clearer, definitive answer to this problem.

Future studies could also include more variables into the design by looking at abuse and criminal offenses. Do abused children commit more violent offenses than non-abused juveniles? In other words, does a history of prior abuse contribute to a juvenile’s propensity to become more violent than non-abused juveniles? Does a juvenile, who has an extensive criminal history, including violent charges, have a history of being sexually abused? If this child was abused did the abuse play a pivotal role in that child becoming violent? Future research could examine the psychological effects that sexual abuse has on a child and its role in a child becoming criminal. This is an issue that needs to be more thoroughly explored and could possibly explain the high rate of violent juveniles in the institutional component in the juvenile justice system.

Another future research that might be explored would be the relationship between a child being sexually abused and their conduct in a juvenile justice facility. Does a child that has been sexually abused by a caregiver have a greater chance of institutional misconduct than other non-abused juveniles? Researchers have stated that there has been a serious lack of inquiry into the conduct of institutional misconduct of juveniles (Delisi, 2003). To bridge this gap, researchers could focus on the abuse variable and its contribution to misconduct in juvenile justice facilities. More research is also needed to examine the suicide ideation variable utilizing screening instruments other than the MAYSI-2. In comparing this research with other screening instruments, researchers can gauge which screening instrument offers the most accurate determination of suicide ideation, rather than just relying on one. Juvenile justice research tends to focus on the rationale of why a juvenile graduates into the adult criminal justice system. A child that is sexually abused might be more likely to become arrested for offenses later on in life. The research clearly indicates that if a child is abused they are at a greater risk of being placed into the juvenile justice system. Does this also apply to the adult criminal justice system? These are some of the future research ideas that can be used to bring the gap between risk characteristics and possible future problems, either jail or suicide.

REFERENCES


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