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Trajectories of Offending from Childhood to Early Adulthood in Girls With and Without Mental Health System Involvement

Maryann Davis  
*University of Massachusetts Medical School, maryann.davis@umassmed.edu*

Steven M. Banks  
*University of Massachusetts Medical School, Steven.Banks@umassmed.edu*

Bernice Gershenson  
*University of Massachusetts Medical School, Bernice.Gershenson@umassmed.edu*

*See next page for additional authors*

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Authors
Maryann Davis, Steven M. Banks, Bernice Gershenson, William H. Fisher, and Albert J. Grudzinskas

Comments
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Maryann Davis, PhD, Steven Banks, PhD, Bernice Gershenson, MPH, William Fisher, PhD, Albert Grudzinskas, Jr., JD; Center for Mental Health Services Research

Abstract

We used two Massachusetts statewide administrative databases to examine long-term arrest trajectories among females who referred for mental health treatment as adolescents in the Massachusetts Department of Mental Health (DMH) system of care. We compared trajectories of females referred to the DMH system to trajectories of their non-DMH counterparts. We identified four distinct trajectory groups and found that females referred to the DMH system were far more likely to be arrested by age 25 than their non-DMH counterparts (46% vs. 22%). Further analyses identified that group membership was associated with diagnosis, family history, and treatment history. These findings have important implications for mental health, juvenile justice, and criminology.

Methods

We used two Massachusetts statewide administrative databases: one containing all DMH records and the other containing all non-DMH records. We compared trajectories of females referred to the DMH system to trajectories of their non-DMH counterparts. We identified four distinct trajectory groups and found that females referred to the DMH system were far more likely to be arrested by age 25 than their non-DMH counterparts (46% vs. 22%). Further analyses identified that group membership was associated with diagnosis, family history, and treatment history. These findings have important implications for mental health, juvenile justice, and criminology.

Introduction

Why look at arrests in the transition age group with serious mental health conditions?

Goal

Develop Knowledge to Help Prevent/Minimize Justice System Involvement of Youths in MH Services.

For additional information contact:
Maryann Davis, PhD
Phone: 508-865-8716
E-mail: maryann.davis@umassmed.edu

Results

Female Trajectory Groups - Predicted Charges/Years

Combining DMH and Non-DMH females’ court records resulted in the best model having a total of eight unique patterns of charge frequencies over time.

Conclusions

Summary of Trajectory Findings

Acknowledgement

The data analysis presented here would not have been possible without the perseverance, patience, and consistently impartial monitoring of our valued colleagues, Dr. Steven Banks.