

Does Being Incarcerated Making Youth Inmates Have Worst of Negative Emotional Symptoms

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Abstract

Issues on psychological problems facilitated by the harmful situation for optimal personal growth such as being imprisoned are critical and need investigation to know the correlation. This research aims to investigate how common mental health issues experienced by youths at Kutoarjo Juvenile Correctional Institution. The research participants included 69 youth as samples, ranging in age from 14 to 18 years old with an average age of 16.5. The DASS 42 (Depression Anxiety Stress Scale) was used to collect data. It is a self-report scale that was intended to measure depression, anxiety, and stress. Demographic data was also gathered as complementary. The results reveal that none of the participants have severe depression symptoms, 13.04 percent have mild depression symptoms, and 7.25 percent have moderate depression symptoms. Concerning anxiety, it is known that 10.15 percent of those surveyed had extremely serious anxiety and 7.25 percent had severe anxiety. Furthermore, 2.9% of the participants were stressed to a severe and extremely severe degree. There were no significant differences in depression, anxiety, or stress depending on the educational context. Moreover, there was no significant correlation between distance from house to penitentiary and problems of depression and stress; however, the distance has a significant correlation with anxiety, $\rho = .238$, at $Los .05$.

Keywords: Depression, Anxiety, Stress, Penitentiary, Youth inmates.

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INTRODUCTION

Adolescence is a crucial transitional phase in human life and is generally confined to the period from puberty to legal adulthood (Zaky, 2016). This critical period is characterized by neurobiological, hormonal, psychological, and social changes (Krapić, Hudek-Knežević & Kardum, 2015). Developing successful (Positive) youth needs competencies in academic, social, and vocational areas; positive self-identity; positive links to the community, family, and peers; character or positive values; integrity, and moral commitment; and the last is caring or compassion. A safe environment and freedom from prejudice and discrimination are also needed (Lerner, Fisher, and Weinberg, 2000). However, some teenagers miss this moment because they have to spend time in government correctional institutions (penitentiary). Being far from family and friends at play and limited access to education make them lose their freedom. They are also exposed to many factors that can cause stress.

Generally speaking, adolescence is the period of human development that has unique characteristics and is vulnerable to experiencing psychological problems. Individuals' problems in this period affect not only their social life, career, and professional success, but also the development of society as a whole in later life. Lazarus and Folkman (1984) define stress as a relationship between environmental events or conditions and an individual's cognitive assessment of the level and type of challenge, difficulty, loss, or threat. Bernaras, Jaureguizar, and Garaigordobil, (2019) argued that negative interpersonal relations and relationships with one's environment, coupled with the changes in the socio-cultural lead to the increase in the prevalence of depression. World Health Organization fact sheet (2021) showed evidence the prevalence of depression reached 3,8 % of the population in the world, and it caused the affected person to suffer greatly and function poorly at work, at school and in the family. Moreover, George and Shari (2018) contended that stress in youth is specific to age. Furthermore,

Krapić, Hudek-Knežević, and Kardum (2015) considered several mental health consequences of stress in adolescence such as depression, anxiety disorders, suicide, substance use, and antisocial behavior. In addition, most depressive episodes are preceded by stressful events.

Pertaining to anxiety problems, anxiety disorders in young people are one of the most common and debilitating forms of psychopathology constituting a heavy social and economic burden (Bodden, Dirksen, and Bögels, 2008). Barlow (Fonseca & Perrin, 2011) defines anxiety as a set of emotional reactions arising from the anticipation of a real or imagined threat to the self and it is characterized by a more diffuse type of reaction to less specific stimuli, for example, apprehension regarding the future. Anxiety has three main components: a motor response, a subjective or cognitive response, and physiological response.

Types of cases or crimes committed also influence mental health. A study conducted by Sharma *et al.*, (2015) regarding mental health problems showed that the rapist's group has indicated a significant difference in depression in comparison to the murderer's group. However, there were no significant differences between the two groups on the level of anxiety and stress. Mental health problems were found to occur in both groups but were more prominent in the rapist's group. The rapist group has illustrated more symptoms and severity of depression, anxiety, and stress than the murderer's group. Furthermore, Lambie and Randell (2013) stated that severe behavioral problems of juvenile offenders are a result of complex and interactive individual and environmental factors, which elicit and maintain offending behaviors. Unver *et al.*, (2013) found that prisoners in their study were depressive, anxious, and stressed. Anger symptoms and aggressive behaviors were found to be at a moderate level. Prisoners with a history of being subjected to domestic violence in childhood had higher depression, anxiety, and stress scores than those without such a history. Moreover, Facer-irwin *et al.*, (2019) discovered that post-traumatic stress disorder (PTSD) has an association with comorbid mental disorders including depression, anxiety, and substance use in prisoners.

Being incarcerated affects their psychological condition in the context of positive self-growth. They cannot develop themselves optimally because of the limitations of their activities. Adjustment problems of being incarcerated include physical freedom, control over life, loss of family, loss of goods and services, loss of security, loss of heterosexual relationships, lack of stimulation, and other psychological disorders (Juniartha, Ruspawan, & Sipahutar, 2015). Besides, physical violence is often experienced by inmates in the penitentiary (Adiansyah & Sukihananto, 2017), even

though access to mental health treatment is still limited (Kutcher & McDougall, 2009; Hoke, 2015).

There are long-term risks to be aware of, such as traumatic interactions that cause youths to languish in prison and potential orientation after leaving the institution. The acts committed by the underage prisoners are a source of stress in themselves, including trauma experienced while the case is being processed (Sholichatun, 2011). Fazel & Seewald (2012) discovered the prevalence of psychosis in prisoners samples reach 3.6 percent in males and 3.9 percent in females and major depression was 10.2 percent in males and 14.1 percent in females. Feoh (2020) found that imprisonment in a woman leads to a disappointing feeling of being incarcerated, feeling guilty for their children, feeling worried about the response of people after leaving penitentiary, and feeling afraid of not getting a job after release. Slotboom *et al.*, (2011) found that more than half of the women in penitentiary reported depressive symptoms, 17 percent said they had deliberately harmed themselves, and almost one-third had suicidal thoughts.

Teenagers who are institutionalized have elevated levels of anxiety and depression, as well as social isolation and hopelessness (Prendi, 2014). Unfortunately, the adverse effects of incarceration are not only for youth in penitentiary but also in their later life. Barnert *et al.*, (2017) found that cumulative incarceration duration during adolescence and early adulthood has a relationship with worse physical and mental health later in adulthood. Compared with no incarceration, incarceration duration of less than 1 month predicted subsequent adult depressive symptoms, duration of 1 to 12 months predicted worse subsequent adult general health. Furthermore, a duration of more than 1 year predicted subsequent adult functional limitations, adult depressive symptoms, and adult suicidal thoughts. Meanwhile, Anggraini and Kurniasari, (2020) found that for female prisoners, there is no significant correlation between sentence and stress levels.

There is substantial evidence for the mediating role of family relationships in the relation between stressors and child and adolescent psychological symptoms (Grant *et al.*, 2006). Furthermore, an important positive relationship between family social support and psychological well-being in incarcerated youth was discovered (Ghani & Mahmud, 2012; Nugroho, 2019). The low psychological well-being of incarcerated person seems related to independence in decision-making in the family, lack of autonomy, and being less religious (Mardenny, 2017), spirituality has the highest correlation with the dimensions of personal growth and the lowest correlation with independence on the term of psychological well-being (Munthe *et al.* (2017).

Demographic factors such as educational background and length of detention, but there are significant differences based on age where younger prisoners have higher psychological well-being than older prisoners and based on the type of crime (Anas, 2019). Apart from demographic factors, a study conducted by Karima *et al.*, (2019) found that prerelease time has contributed to the psychological well-being of women in the penitentiary. High scores were mostly found in positive relation to others dimension and low scores were mostly found in the self-acceptance dimension. Regarding the evaluation of mental health problems among youth in the penitentiary, Desai *et al.*, (2006) discovered the rates of detainees being assessed or screened for extensive assessment only reach 61 percent, this fact is far from emergency medical problems and drug and alcohol use reached 97% and 91 % respectively.

Based on the explanation of the problems of incarceration, we are interested to investigate the mental health of incarcerated youth at a Child Correctional Institution in Indonesia by focusing on the issues of depression, anxiety, and stress. This can be described as the appearance of an internal condition resulting from a sense of being threatened, a reluctance to establish social relationships, a sense of hopelessness, and a high level of stress. Therefore, the hypothesis proposed in this study is whether being incarcerated leads adolescents have severe negative emotional symptoms.

METHODS

The research method used in this research is mix-method research, specifically with the sequential explanatory design, where priority is given to the quantitative approach because the quantitative data collection does first in the sequent and frequently represents the major aspect of the collection data process (Ivankova *et al.*, 2006). Mixing provides a big term to cover the multifaceted procedures to combine, integrate, link, and employ multi-methods (Creswell, 2003). Furthermore, in this study, the quantitative data precede qualitative data, therefore the data exploration through a large sample first to test variables and then to explore in more depth with a few cases during the qualitative phase (Creswell, 2003).

The population in this study was incarcerated youth in a Child Correctional Institution 75 samples were involved in this study and 69 completed responses were analyzed. This happened due to the incomplete filling of the scale given by the respondent. The age range of respondents was 14 to 18 years, the mean age was 16.5 years, and there were 5 female respondents and 64 male respondents. 50% of the cases faced were cases of sexual violence such as rape and other sexual harassment, the rest were cases of theft, assault, murder, and drug abuse.

Data collection using DASS-42 provides a broad range of psychological distress symptoms which was developed by Lovibond & Lovibond (1995). Participants rate 42 items reflect symptoms of negative emotional states over the previous week on a scale ranging from 0 (Never) to (almost always) across the three subscales depression, anxiety, and stress. Responses can be averaged for each subscale or a total item score. Although this scale in norm development does not use a sample of the age group less than 17 years, there is no strong evidence against the use of the scale in children aged 12 years.

The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest, anhedonia, and inertia. The anxiety scale assesses autonomic arousal, skeletal musculature effects, situational anxiety, and subjective experience of anxious affect. The stress scale measures difficulty relaxing, nervous arousal, and easily upset/agitated, irritable/over-reactive, and impatient (Lovibond & Lovibond, 1995).

This instrument was cultural and language adapted in Indonesian samples. DASS Indonesia version has for depression scale has a total rest coefficient of items that shows the item discrimination ranges from 0.497 to 0.857. The anxiety scale has a total rest coefficient item that shows the item discrimination from 0.423 to 0.716. The stress Scale has a total rest coefficient of items that shows the difference in item discrimination from 0.552 to 0.714. All subscales on the stress scale have moderate to good reliability coefficients. The analysis shows the reliability coefficient for the depression scale, anxiety scale, and stress scale reached 0.954, 0.903, and 0.917 respectively. The goodness-of-fit results of the CFA for each scale based on the value of the fit confirmatory factor model analysis can be concluded that the third scale model has very good accuracy with the hypothetical model (Widyana, Sumiharso, and Safitri, 2020).

Cronbach's Alpha values of each scale of DASS were calculated to obtain their reliability. In a current study, the reliability coefficient for the depression scale, anxiety scale, and stress scale reached .764, .756, and .852 respectively and item discrimination ranges from .102 to .591, .221 to .546, and .256 to .659 respectively.

Besides, demographic data such as educational background, educational background of parents, and occupation of parents are also obtained, as well as information on regional origins. Furthermore, a semi-structured interview was carried out in this study which allows the researcher to be flexible in asking about issues related to depression, anxiety, and stress as well as about feelings while in the penitentiary. The

selection of samples to be interviewed was based on extremely low and extremely high scores. Data analysis in this study used statistical analysis and was completed by qualitative data analysis with the descriptive narrative model.

RESULT

Respondents who were involved in this research are incarcerated youth at a Child Correctional Institution in Central Java, Indonesia. The researcher administered this scale, assisted by two enumerators, and took place in the hall of the penitentiary. The sample was predominantly male and was ethnically the same, Javanese. Regarding sociodemographic characteristics, it can be seen in Table 1.

Table 1. Sociodemographic characteristics of incarcerated youth

Sociodemographic	N	%
Gender		
Male	64	92.75
Female	5	7.25
Education		
Elementary school	18	26.09
Junior high school	32	46.38
Senior high school	19	27.53

Based on the data obtained, it is known that the educational background of parents varies from not completing elementary school to completing high school. While the background of the work of parents is various such as self-employed (trading and seller in the traditional market), farm laborers, carpenters, laborers,

odd jobs, gardeners, fishermen, sales, tailors, convection workers, drivers, and civil servants.

Following are the results of the descriptive statistical analysis of the measurement results for depression, anxiety, and stress problems (Table 2).

Table 2: Descriptive Statistics (n=69)

	Depression	Anxiety	Stress
Minimum score	0	0	0
Maximum score	18	24	38
Mean	5,41	9,72	11,19
Standard Deviation	4,635	6,07	7,329

Table 3 is the data about the prevalence and intensity of depression, anxiety, and stress problems

based on finding in a Child Correctional Institution in Central Java Province.

Table 3: Depression, Anxiety and Stress among Incarcerated Youth

Problems (cutoff points)	N	%
Depression		
Normal (0-9)	55	79.71
Mild (10-13)	9	13.04
Moderate (14-20)	5	7.25
Severe (21-27)	0	0
Extremely Severe (28+)	0	0
Anxiety		
Normal (0-7)	25	36.23
Mild (8-9)	10	14.49
Moderate (10-14)	22	31.88
Severe (15-19)	5	7.25
Extremely Severe (20+)	7	10.15
Stress		
Normal (0-14)	49	71.01
Mild (15-18)	11	15.94
Moderate (19-25)	7	10.15
Severe (26-33)	1	1.45
Extremely Severe (34+)	1	1.45

Based on the categorization of problems, it can be seen in Table 3 above that it is known that the

problem most experienced is anxiety, namely 10.15 percent have an extremely severe level, 7.25 percent

have a severe level. Surprisingly, there is none of the incarcerated youth experienced severe or extremely severe depression.

Most of the inmates come from 24 districts in Central Java Province, there is two youth from two other provinces close to Central Java. After testing the normality and linearity of data, the result showed that the data on distance, depression and stress was not normal. Therefore the non-parametric statistics namely the Spearman rank correlation conducted to examine the correlation between the problems and the distance from their house to the correctional institution. The result showed that there was significant correlation between the distance and anxiety with $\rho = .238$ ($p = .048$) and were not significant relationship between distance and depression and stress with coefficient correlation $\rho = .136$ ($p = .261$) and ρ and $r = .106$ ($p = .385$) respectively at level of significance $p = .05$

Furthermore, after testing the homogeneity of the data and the normality of the data, it is carried out a comparison test using one-way ANOVA for examining the differences among youth in penitentiary who have a different level of current education and or education level before being institutionalized.

The test result indicated that there is no significant differences pertaining to symptoms of depression, anxiety and stress based on educational level. The F value of depression, anxiety and stress reached 1,876 (sig. = .161, $p > .05$), 1,339 (sig. = .269, $p > .05$) and .910 (sig. = .408, $p > .05$) respectively.

Based on the results of interviews with five incarcerated youths of the Correctional Institution, three of them have an extremely severe anxiety problem and also have extremely severe, severe, and moderate stress problems and two of them have a mild level of depression and the rest had no problem with depression. Furthermore, the remaining two samples did not have problems with either depression, anxiety, or stress. For samples who have those problems, it was found that they were worried about their future life and had a fear of people's views of them, afraid that when it was time to return to their families they would be rejected and excluded, and afraid that they would no longer have a good relationship with them. Peers like before we're exposed to legal cases that landed him in a correctional facility. However, there is one respondent who feels very confident that he will be accepted back by his family as long as he does repentance, but he will be more careful in his interactions. Respondents who have no problems tend to be able to think positively, perceive being in a correctional facility as part of their process of self-improvement and have plans after leaving incarceration, and have hopes for their future.

DISCUSSION

The results of data analysis showed that there were 7.25% of youth inmates had anxiety problems at a severe level and 10.15% at an extremely severe level. Further 31.88% at a moderate level. This fact indicates that there are serious anxiety problems experienced by youth in the penitentiary. This is in line with the conditions found by Alizamar *et al.*, (2018) in the Indonesia setting, they found that more than fifty percent of incarcerated youth have a high level of social anxiety. Moreover, globally depression and anxiety are the two of several most common problems in incarceration (Odgers *et al.*, 2005; Ali & Awadelkarim, 2016; Gabrysch *et al.*, 2019). Also in women inmates, the highest number of problems are related to anxiety because of negative emotions due to issues faced, stressors, feelings of failure, and feelings of insecurity (Bina, Andriany, and Dewi, 2020).

The current study illustrated that youth inmates have a problem related to depression, youth who have mild and moderate levels reach 13,04%, 7,25% in sequent. While, about the degree of stress for moderate, severe and extremely severe the percentage reaches to 10,15 %, 1,45 %, and 1,45 % respectively. The degree of these problems can not be separated from the fact that there are many activities provided for enhancing self-development skills for incarcerated youth. Youth who are at this Correctional Institution have various activities ranging from religious coaching activities, increasing skills that can be used as life provisions after leaving the institution, and art and sports activities to facilitate their interests and talents.

The existence of restrictions and obligations that are not usually done before but must be done while in the correctional facility can make a person feel confined and have negative emotions such as sadness, anger, hopelessness, confusion, wanting to withdraw, upset, fear, worry, feel helpless, feel heavy living everyday life and so on. To overcome this, the Child Correctional Institution has various activities aimed at increasing imprisoned youth's knowledge and skills, developing potential, and increasing religiosity. These activities can increase children's self-confidence, sense of empowerment, positive thoughts, skills in building more positive social relationships, and religiosity so that it is predicted that they will grow into healthy people. Besides, for imprisoned youth who still learn informal school, the correctional institution provides classes for studying. The analysis of a recent study shows that there were no significant differences in depression, anxiety, and stress based on education level. In a similar vein van Ginneken *et al.*, (2019) found the positive influence of prison climate on psychological well-being.

Regarding the activities to enhance spirituality provided by Child Penitentiary in the present study, the

research conducted by Munthe *et al.*, (2017) shows that spirituality has a significant correlation with psychological well-being. Also, spirituality has the highest correlation with the dimension of personal growth and has the lowest correlation with independence. The results of research conducted by Susanti & Maryam (2013) found the fact that juvenile inmates had better psychological well-being after one month in prison. Meanwhile, the factors that support the formation of psychological well-being are social support, social interaction, and social skills while in a correctional institution. Furthermore, the subjects in this study were aware of the mistakes they had made and wanted to correct their mistakes in the future. Moreover, after being in a penitentiary, they pursue and develop several positive activities, including and have hopes about the life they will live after imprisonment such as going to be an entrepreneur together with their family. After one month of being in the penitentiary, the subjects in this study felt that they were able to adapt to the social environment and institution rules. The results of the present study appear to be different from studies conducted by Yi *et al.*, (2017) reported that both jail and prison inmates report high rates of depression, life dissatisfaction, heavy drinking, and illicit drug use. Those incarcerated in jails, compared with those not incarcerated, have higher odds of depression, life dissatisfaction, and recent illicit drug use. Those incarcerated in prisons have higher odds of life dissatisfaction and lower odds of recent heavy drinking compared with those not incarcerated. Furthermore, jail inmates report significantly more depression, heavy drinking, and illicit drug use than prison inmates.

Teplin *et al.* (2002) found that in Juvenile detention nearly two-thirds of males and nearly three-quarters of females met diagnostic criteria for one or more psychiatric disorders. A study by Lyu *et al.*, (2014) reported that the prevalence of psychological distress was high, reaching 44.1%. Among the case group, sleep disturbance (36.8%) had the highest prevalence of severe or very severe symptoms, followed by depression (34.7%), and hostility (27.9%). Moreover, Edgemon and Clay-warner (2019) contend that prison overcrowding and punitiveness are positively related to both depression and hostility, while the availability of work assignments is negatively related to both mental health indicators.

Compas, Davis, and Forsythe (1985) indicated that moving away from parents' homes was perceived as one of the major negative life events. Furthermore, in our study the proportion of inmates whose home is more than 50 miles from the prison was positively associated with depression. Current findings do not confirm the relationship between the distance of inmates' houses and penitentiary and depression and stress. However, it has a significant correlation with anxiety. It is understandable that in terms of the wide

coverage area in Central Java province, for inter-regencies from the closest to the most distant, it is approximately 30 km to 250 km from the penitentiary. Therefore, the differences of distance become meaningful concerning anxiety for juvenile inmates. Besides, most of them rarely visited by their family.

In the current study, youth in Child Penitentiary obtained close supervision from institution staff, however, their presence is friendly enough to imprisoned teenagers. Therefore, it does not appear to be a tense or scary atmosphere in prison. Besides, several non-governmental organizations give attention to youth imprisonment such as providing training for handicraft skills and other activities aimed at gaining knowledge and skills. Related to this issue Dye (2010) discovered that higher security prisons tend to impose greater restrictions and deprivations, which is indeed associated with diminished well-being.

Regarding youth inmates, as offenders, they need to be understood by adults, institutions, and society. From a clinical perspective, disorders in childhood are not permanent conditions or static. It changes time by time depending on many factors. Grisso (1999) stated the key to understanding young offenders' behavior was an understanding that each stage of their development raised new contexts for their depression and feeling of rejection and equipped them with new ways to try to overcome the disorder as their capacities changed.

The limitation of the current study, first the present data are limited by the small sample size and confined to the population of one region or one province. It is lead to the limitation of statistical analyses which can be performed on the data. Therefore, the picture of problems that were assessed has not fully described the difficulties faced by incarcerated youths in a wider context in Indonesia. Considering there are many cultures and ethnicities that influence social relations patterns among inmates in penitentiary which can contribute to youth mental health. Second, the attitude and engagement of youth inmates in many activities provided by Child Penitentiary were not assessed, even though these two things are predicted to affect inmates' mental health. Psychosocial intervention is needed to minimize problems of depression, anxiety, and stress and to prevent the problem from getting worse. In addition to being able to serve the sentence well, having the enthusiasm to increase knowledge and skills while in a correctional institution and also incarcerated youths have healthy personal growth for a better future after leaving penitentiary.

CONCLUSION

In the present study depression, anxiety, and stress problems were found to be prevalent in

incarcerated youth. The findings emphasize the higher degree of anxiety problems experienced by inmates than two others. Besides, distance has a positive relationship with anxiety, however education level does not influence depression, anxiety, and stress. The high prevalence of anxiety problems in young inmates leads to the need for further psychological assessment, management, and rehabilitation program in the penitentiary.

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Conflict of Interest

The author report no conflict of interest.

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