Oral language skills and the incarcerated young offender – Links with patterns of offending and early life risk

Pamela Snow¹ & Martine Powell²

¹. School of Psychology & Psychiatry, Monash University, Australia
². School of Psychology, Deakin University, Australia

Acknowledgements

• Australian Research Council (Discovery Program)
• Criminology Research Council
• Margaret Kent and Rita Cauchi, Research Assistants
• Participants in our studies
In today’s presentation

• Factors that promote OLC in early life
• Why does OLC matter across the lifespan?
• Our research on OLC in high-risk young males
• What do these findings mean for the young person at-risk in the early years / already in the justice system?
Oral language competence?

• Everyday speaking and listening skills
• Simultaneously ordinary and extraordinary
• Socially and culturally determined
• Underpins the ability to form and maintain relationships, other instrumental purposes
• Important in facilitating the transition to literacy but not just literacy’s ‘Hand Maiden’
Language: Surface and hidden meanings

- Similes
- Metaphor
- Idiom
- Jokes
- Sarcasm
Threats* to the development of OLC

- Neglect – esp socio-emotional
- Abuse
- Parental MH problems e.g. depression, substance abuse
- Social disadvantage / low SES / chaotic family
- Developmental disabilities
- Male gender
- Sensory deficits
- Inadequate / interrupted education – b/c language continues to emerge / evolve throughout childhood, adolescence and across the adult life-span

*Cumulative in nature
Behaviour Problems ...and the “Behaviour Problem”

- Behaviour Problems (ODD & CD) are serious MH problems, often with longterm consequences and comorbidities

**BUT**

- Adults can be blind-sighted by the existence of behaviour disorders
- There is high comorbidity between behaviour difficulties and language / learning impairments
- Behaviour is, in some cases, *a form of communication* and / or a reflection of a *skill deficit*
Our research

• Extends what is known about social skills and learning disabilities in young offenders, but

  ➢ Is specifically concerned with oral language

• Seeks to position OLC more centrally as a protective factor for all young people

• Recognises that level of education is a powerful predictor of health status, social engagement, and economic productivity across the lifespan

• Carried out in Victoria, Australia
The Victorian context

- Active diversion of youth offenders from custodial sentences
- Unique “Dual Track” system for 17-20 year-olds
- Lowest rate of youth supervision or detention nationally (Australian Institute of Health and Welfare, 2006)
- Fewer indigenous offenders than other States
Community Offenders study
(Snow & Powell, 2008)

• n=50 YP on community-based orders
• Mean age* = 15.8; Mean yrs education = 7.6
• Standardised measures of spoken and receptive language
• A measure of nonverbal IQ
• Data about convictions (violent Vs nonviolent - categorised)
• NB Excluded known Hx of TBI, hearing imp, major psychiatric diagnoses etc
• 52% LI
Community Study: Key findings

- 52% classified as language impaired according to standardised measures
- Difficulties were pervasive across measures
- Language problems not accounted for by low IQ
- Relationship b/w language skills and type of offending unclear
- 50% of those with LI had been identified for early intervention services
- 41% of those with LI had been diagnosed as ADHD
Custodial Sample
(Snow & Powell, in press)

- n=100
- Mean age = 19.03; Mean Yrs education = 9.8
- Standardised measures of spoken and receptive language
- A measure of nonverbal IQ
- Data about convictions (violent Vs nonviolent - quantified)
- Mental Health measure – to examine links b/w language and MH, in particular depression and anxiety
- Child Protection Hx – Out of Home Care Placement
- No exclusions, but all had to have completed the majority of their schooling in an English-speaking country
- No participants identified as being of Aboriginal or Torres Strait Islander origin
Measures - 1

**CELF4 (Australian standardisation)**
- Recalling Sentences
- Formulating Sentences
- Word Classes (Receptive)
- Word Definitions
- Core Language Score

**Test of Language Competence – Expanded Edition**
- Ambiguous Sentences
- Listening Comprehension
- Figurative Language
- Narrative Discourse
Measures - 2

Kaufman Brief Intelligence Test – 2nd edition.
• Matrices – for estimate of NV IQ

Depression, Anxiety and Stress Scale (DASS)

Cormier-Lang Crime Index
• Violent Offending
• Non-Violent Offending
• Total Offending scales
Measures - 3

Self-Report on

- Early intervention
- ADHD Diagnosis
- Level of education
- Further training
- Child Protection Hx – Out of Home Care Placement
- Alcohol and other drug use
- TBI, hearing impairment, major psychiatric diagnoses
Operationalising LI in the sample

n = 50 were identified as LI on the CELF4 (standard score < 2 SDs below the mean)

n = 59 scored < 2 SDs below the mean on at least two subtests of the TLC-E

A score below this cut-off on 2 of the 3 TLC-E subtests and on the CELF4 Core Language Score was the operational definition of LI

46% were identified as LI using this definition.
Violent Offending and LI

• History of violence present in 87% of cases
• Quantified using CLCI
• Two subgroups created based on severity median split on CLCI Scales 1 & 2
  – ‘High’ Offending n = 26
  – ‘Not-High’ Offending n = 74

These subgroups differed on years of education but not on nonverbal IQ
<table>
<thead>
<tr>
<th>Measure</th>
<th>High Offending Scores on CLCI Scales 1&amp;2 (n=26)</th>
<th>Not High offending Scores on CLCI Scales 1&amp;2 (n=74)</th>
<th>t</th>
<th>p*</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLC-E Subtest 1 Ambiguous Sentences Standardised Score</td>
<td>Mean 4.2 SD 1.9</td>
<td>Mean 4.8 SD 2.5</td>
<td>1.1</td>
<td>.14</td>
<td>.27</td>
</tr>
<tr>
<td>TLC-E Subtest 2 Listening Comprehension Standardised Score</td>
<td>Mean 4.9 SD 2.6</td>
<td>Mean 5.2 SD 2.5</td>
<td>.48</td>
<td>.31</td>
<td>.12</td>
</tr>
<tr>
<td>TLC-E Subtest 4 Figurative Language Standardised Score</td>
<td>Mean 4.2 SD 2.1</td>
<td>Mean 5.6 SD 2.8</td>
<td>2.3</td>
<td>.01</td>
<td>.56</td>
</tr>
<tr>
<td>CELF4 Recalling Sentences</td>
<td>Mean 4.7 SD 2.9</td>
<td>Mean 5.4 SD 3.2</td>
<td>.97</td>
<td>.16</td>
<td>.23</td>
</tr>
<tr>
<td>CELF4 Formulating Sentences</td>
<td>Mean 3.8 SD 3.3</td>
<td>Mean 5.6 SD 3.4</td>
<td>2.3</td>
<td>.012</td>
<td>.53</td>
</tr>
<tr>
<td>CELF4 Word Classes (Receptive)</td>
<td>Mean 4.0 SD 2.6</td>
<td>Mean 6.3 SD 3.1</td>
<td>3.3</td>
<td>.00</td>
<td>.80</td>
</tr>
<tr>
<td>CELF4 Word Definitions</td>
<td>Mean 5.0 SD 3.8</td>
<td>Mean 6.5 SD 4.0</td>
<td>1.5</td>
<td>.055</td>
<td>.38</td>
</tr>
<tr>
<td>CELF4 Core Language Score</td>
<td>Mean 63.7 SD 19.9</td>
<td>Mean 74.1 SD 19.1</td>
<td>2.4</td>
<td>.01</td>
<td>.53</td>
</tr>
</tbody>
</table>
Violent Offending and LI cont.

Inspection of the n=7 cases of *extremely high scores* (>75th percentile) on both the CLCI violent and non-violent offending scales, showed that 5 were in the LI subgroup.
Custodial Study: Key findings

- 46% Language Impaired*
- Significant differences on several language measures between High Offending Group and Non-High Offending Group
- Of the 29 with a history of OHC, 16 (68%) were classified as LI
- No association b/w LI and self-reported MH problems
- Significant correlation between language skills and IQ for the non-LI subgroup, but not for those with LI.
- 62% of those with LI had been identified for early intervention services
- 43% of those with LI had been diagnosed as ADHD
- TBI, psychiatric diagnoses, hearing impairment all occurred with low frequency / overlap with LI
Limitations / considerations

• Self-selection into the study => bias?
• Operationalisation of LI – were we too conservative?
• MH measure – sensitivity?
• Minimum Data Set – not part of our thinking 10 years ago, but should have been
• Many may have had Child Protection involvement but without OHC placement – this is difficult to assess via self-report
• Many likely to have trauma backgrounds – difficult to capture
• Community / Custodial offender distinction is somewhat artificial
Take home messages

- Clinically significant language impairment is present in ~50% of young male offenders.
- IQ is not an explanatory mechanism.
- Early intervention has:
  - Not occurred
  - Been inadequate.
- Other labels (e.g. ADHD, Conduct Disorder) are likely to be applied.
- Early risk (as measured by OHCP) increases vulnerability but is also a missed intervention opportunity.
- Undetected LI will make being a witness, suspect or victim more challenging for a young person.
- Interpersonal violence instead of prosocial ways of dealing with ambiguity / hostility??
Language problems are invisible
Language Impairment may masquerade as

- Rudeness
- Indifference / lack of concern
- Poor motivation to cooperate
- “Yep, nup, dunno, maybe”...and other minimalist responses
- Suggestibility / Over-compliance
- Low intellectual functioning

➢ SLP Advocacy is critical
What does all of this mean for....

- Early intervention with high-risk boys?
- Forensic interviewing of youth offenders?
- Counselling of young offenders?
- Restorative Justice conferencing?
- Mental Health across the lifespan?
  - Mastery
  - Optimism / Hope
- Delivery of literacy and social skill interventions within the (youth) justice system?
- Young people in the Child Protection system?
What does oral language competence have to do with promoting mental health?

- **Oral language competence**
- **Transition to literacy**
- **Acquisition of a flexible repertoire of social skills**
- **Academic Success**
- **Strong school attachment**
- **School retention / completion**
- **Positive self-esteem / mastery + control**
- **Association with like-peers**
- **Access to postsecondary training / education / mastery and control**

**Academic Success**

**Transition to literacy**

**Oral language competence**

**Strong school attachment**

**School retention / completion**

**Positive self-esteem / mastery + control**

**Association with like-peers**

**Access to postsecondary training / education / mastery and control**
Selected Publications


Further information: pamela.snow@monash.edu