

# Examining Index Offence and Symptoms of Mental Illness among Young Offenders of a Nigerian Borstal Training Institution

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**Abstract:** The disconnection experience during periods of imprisonment might contribute to the development of emotional and psychological distress among young offenders. This study examined the index offense and pattern of symptoms of mental illness (SMI) among inmates of a Nigerian Borstal Training Institution. Adopting the cross-sectional descriptive design, data were collected from a sample of 99 inmates using an adapted version of the Perceived Emotional Distress Inventory (PEDI) and the General Health Questionnaire (GHQ-12). With both descriptive and inferential statistical tools, data were analysed with the SPSS (version 23.0). Results revealed that respondents' mean age of 16±3years, with identified forensic characteristics being mainly behaviours beyond parental control (37.0%), drug abuse (33.0%), rape (8.0%), stealing (7.0%), murderer (4.0%), cultism (3.0%), and robbery (3.0%). Relationship exists between index offence and SMI; anxiety, aggression, depression, hopelessness, psychological distress, emotional and social dysfunction, depressive symptoms, and cognitive dysfunction with  $t = 17.76, 19.84, 18.19, 12.44, 12.56, 17.41, 11.71, \text{ and } 15.83$  respectively at  $p\text{-value} = \leq 0.000, df = 98,$  respectively. In all, feeling of failure was common in 21.1% and unhappiness common in 39.4% of them hence, mental health screening is recommended prior to admittance with the provision of adequate mental care.

**Keywords:** Borstal Training Institutions, Correctional Centre, Index Offence, Mental Illness, Symptoms, Young Offenders.

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## 1. INTRODUCTION

The Nigerian Correctional Service (NCS) is responsible for the custody of all offenders including the adolescents who are being remanded in borstal homes different from that of adult prisoners. The offenders are among the category population that are prone to development of psychological distress owing to the nature of environment (Donohue et al., 2021). Most of the inmates in Nigerian correctional centres and borstal centres are males (NCS, 2023).

Manifestation of symptoms of mental illness (SMI) among the juvenile offenders can depend on the type of homes being admitted to and pre-imprisonment psychiatric history (van Buitenen et al., 2021) which invariably contributes to the propensity of offense among young criminals. Socio-demographic characteristics and environment are among factors that

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contribute to the development of negative behaviours in the inmates (Omitogun et al., 2023) which has also been established among the young offenders (Arabacı & Taş, 2019), Since borstal homes are primarily meant for rehabilitation of this group (NCS, 2019), strategies on the reduction of SMI among offenders should be part of the needed rehabilitation programmes.

Index offenses among young offenders are those criminal acts when seen in adult category will necessitate corresponding punishment. However, the Nigerian Correctional Service considered younger offenders to be kept in the remand or borstal homes for rehabilitation rather than prosecution (NCS, 2019) Although, many of the criminal behaviours among the younger generation were as a result of peer pressure (Omogho Esiri, 2016; Rao & Reeta, 2021),. Rocque et al., (2015) maintained that propensity for criminal acts tend to be higher during adolescent and young adulthood stage of life.

During the period of imprisonment, many factors have been identified as precipitating psychological distress among the adult offenders (Nwefoh et al., 2020; Omitogun et al., 2020). Indeed, programmes and policies that promote internal resilience and protective factors across multiple levels of influence may serve to protect juvenile offenders exposed to childhood traumas from psychological distress (Clements-Nolle & Waddington, 2019).

### Aim of the Study

To study aimed at examining index offence and symptoms of mental illness among inmates of a borstal training institution in Southwest Nigeria.

## 2. METHODOLOGY

**Design:** A cross-sectional descriptive design was adopted in assessing the pattern of symptoms of mental illness among young offenders. The design offers cost effectiveness and opportunity of gathering detailed information in a short time (Wang and Cheng, 2020).

**Setting:** The study was carried out at Abeokuta Borstal Training Institution, one of the three borstal institutions in Nigeria; and the only one in the Southwest, Nigeria. The centre was established in 1962 based on the Borstal Institutions and Remand Centre Act of 1960 with the aim of reforming delinquents, drug addicts, and child offenders between ages 16 – 21. The institution accommodates male offenders only and offers secondary education and vocational programmes for the residents.

**Sample size, study population and sampling:** The sample size consists of 139 males at the setting as at the time of the study, being a male correctional setting. The participants were majorly adolescent in offering either secondary or vocational education as part of their rehabilitation programme. Both vocational and secondary classes were assessed by the researcher during data collection. The sample size was determined using Slovin's formular (Stephane, 2020).

$$n = \frac{N}{1 + Ne^2}$$

Where n = no of samples

N = total population (139)

e = margin of error (0.05 or 95% confidence level)

$$n = 103$$

### Instruments for data collection:

The questionnaire was made of two scales, a Perceived Emotional Distress Inventory (PEDI) by Moscoso et al., (2012) and General Health Questionnaire (GHQ-12) by Golberg, (1988), was adapted for the data collection. The purpose of combination of the instrument in assessing the pattern of symptoms of mental illness among the respondents was to achieve triangulation in the results derived from the two instruments. The questionnaire was divided into the following sections:

Perceived Emotional Distress Inventory (PEDI) was a 15-item scale that measured the presence and severity of anxiety, anger, depression, and hopelessness in individuals. Validity and reliability of PEDI has been previous confirmed in Nigeria using Cronbach Alpha scale (0.86) (Amoke et al., 2020), and was confirmed in this study to be (0.82).

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General Hhealth Questionnaire GHQ-12 was also a self-report questionnaire that consists of 12 items categorized into psychological distress, depression, emotional, and social dysfunctions as well as cognitive disorders. The validity and reliability psychometric qualities of GHQ has been tested and ascertained in various nations including Nigeria and the same found to be above 0.70 (Amoke et al., 2020). The reliability of GHQ-12 in this study was 0.62 using Cronbach Alpha.

**Method of Datta Collection:**

The data was collected through the administration of questionnaires during breaks, with completed questionnaires collected immediately to prevent any alteration.

**Method of Datta Analysis:**

Data collected were subjected to proper sorting, invalid questionnaire were eliminated leaving 99 valid questionnaires for computation and analysis using Statistical Package for the Social Sciences (SPSS) version 25.

**Ethical consideration:**

Prior to the commencement of the study, permission was sought from the settings’ authority. The consent of the participants was sought while the study objectives and methods were explained to them. Data collection was done during their free period in order not to infringe on their regular rehabilitative activities. All participants were given equal chance to participate in the study.

**3. RESULTS**

**Forensic and Socio-Demographic Characteristics of the Respondents**

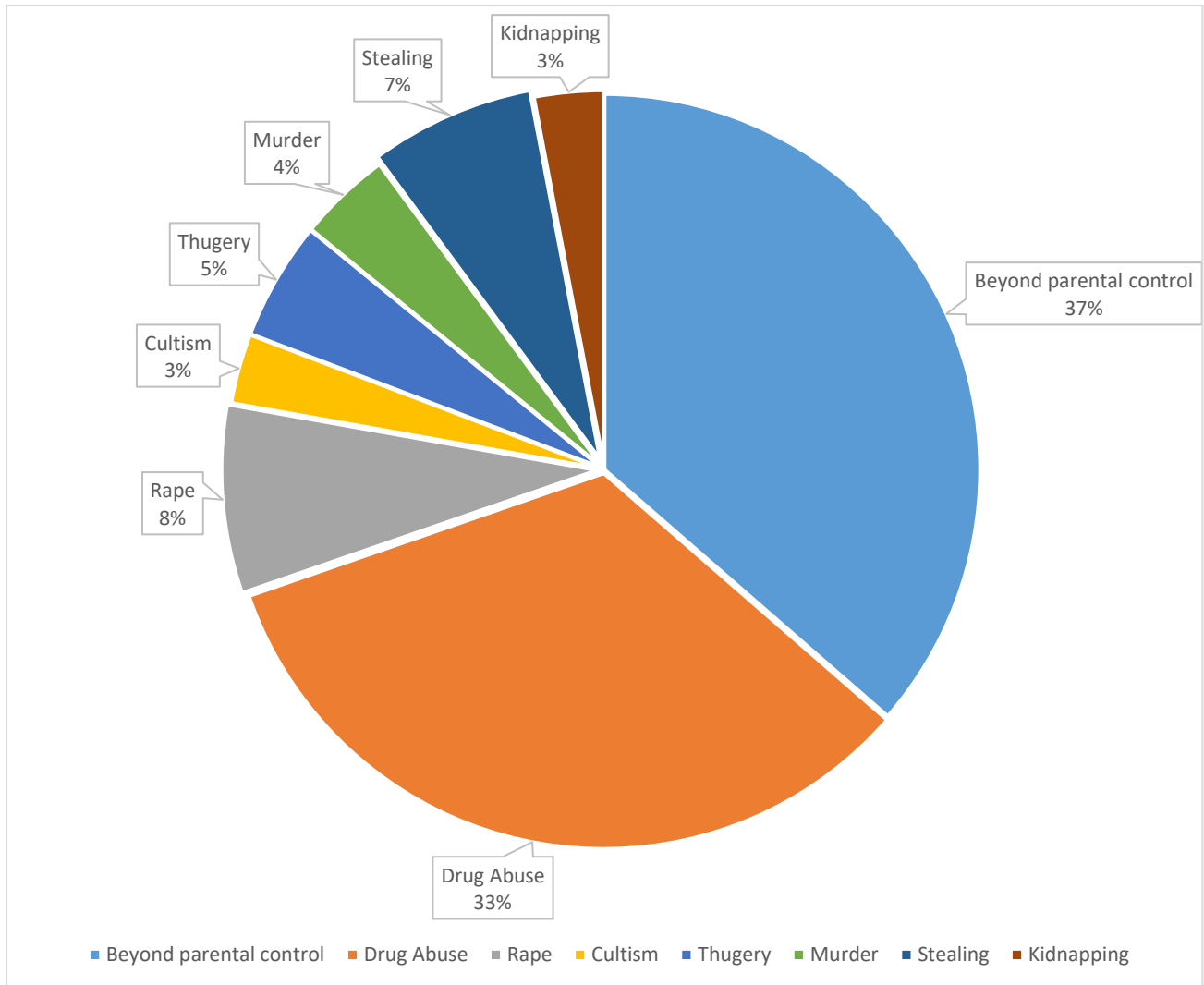
Table 1 reveals that respondents are between 17 -19years of age (36.6%), 13respondents (31.1%) are above 20years of age. Although, 21(21.2%) were below 13years of age, their mean age was 16±3years. Similarly, more than half of them (55.6%) were from monogamy family. Majority of them (67.3%) has stayed at the borstal training homes for over 12months.

**Table 1: Forensic and Socio-Demographic Characteristics of the Respondents**

Variables		Freq. (N=99)	Percent (%)	Cum. Percent
Age (in years)	≥13	21	21.2%	21.2%
	14 – 16	29	29.2%	50.4%
	17 - 19	36	36.5%	86.9%
	≤ 20	31	13.1%	100%
	<b>Mean Age</b>	<b>16±3yrs</b>		
Educational Status	No formal education	4	4.0%	4.0%
	Primary	7	7.1%	11.1%
	Secondary	75	75.8%	86.9%
	Others	13	13.1%	100%
Vocation	Students	69	69.7%	69.7%
	Artisan	28	28.3%	98.0%
	Others	2	2.0%	100.0%
Duration of Training	≥ 12months	33	33.3%	33.3%
	12 – 18months	28	28.3%	61.6%
	19 – 24months	17	17.2%	78.8%
	25 – 30months	8	8.1%	86.9%
	31months and above	13	13.1%	100%
Family type	Nuclear	55	55.6%	55.6%
	Extended	22	22.2%	77.8%
	Single parent	22	22.2%	100%

**Index Offenses of the Respondents**

The results show that about one-thirds (37%) of the respondents were associated with behaviours beyond parental control, while the rest were charged for other various offenses including drug abuse (33.0%), rape (8.0%), stealing (7.0%), and murderer (4.0%) (See Figure 1).



**Figure 1: Forensic Characteristics (Index Offenses) of the Respondents**

**Pattern of Symptoms of Mental Illness**

**I. Symptoms of anxiety, aggression, depression, and hopelessness.**

Table 2 presents the percentage distribution of the respondents; 53.5% of them sometimes get easily irritated during conversation, and 10.1% of them do regularly get easily irritated during conversation. Also, 46.5% of the respondents said they do sometimes get angrier that they can admit, 35.4% of them sometimes get nervous on sighting the correctional officers. In addition, 36.4% of the respondents said they sometimes boiled inside but try not showing it, 15.2% often boiled, while 28.3% of them ‘boiled inside’ regularly (impulsive anger) (mean score: 2.56; minimum score = 2.0 set for interpretation for the table). This implies, majority of the respondents are manifesting aggressive and violent behaviours.

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**Table 2: Pattern of symptoms of anxiety, aggression, depression, and hopelessness.**

Items	Not at all	Sometimes	Often	Very much	Mean	Std. Dev.
Get easily irritated during conversation	26.3%	53.5%	10.1%	10.1%	2.04	.880
Felt strained/stressed in most days	18.2%	44.4%	18.2%	19.2%	2.38	.997
Felt distant from friends	47.5%	30.3%	7.1%	15.2%	1.90	1.074
Angrier than willing to admit	30.3%	46.5%	11.1%	11.1%	2.05	.952
Nervous on sighting correction officers	32.3%	35.4%	14.1%	18.2%	2.18	1.082
Felt confused and restless about whole life	40.4%	31.3%	11.1%	17.2%	2.05	1.101
Felt overwhelmed by “simple difficulties”	53.5%	27.3%	11.1%	8.1%	1.74	.954
Worrying that condition might get worse	47.5%	27.2%	20.2%	5.1%	1.83	.926
Not enjoying the things usually do for fun	36.4%	33.3%	16.2%	14.1%	2.08	1.047
Losing hope in getting out of here soon	40.4%	26.3%	7.1%	26.3%	2.19	1.226
Sometimes, boiled inside but don’t show it	20.2%	36.4%	15.2%	28.3%	2.56	1.127
Losing faith in freedom	45.5%	29.3%	7.1%	18.2%	1.98	1.125
Felt angry everyday	22.2%	48.5%	14.1%	15.2%	2.22	.964
Felt sad most times of the day	21.2%	47.5%	16.2%	15.2%	2.25	.962
Overall feeling of failure	55.6%	17.2%	6.1%	21.2%	1.93	1.214

**II. Symptoms of psychological distress, emotional / social dysfunction, depressive, and cognitive dysfunction.**

As shown in Table 3 respondents are having moderate degree of symptoms related to mental illness on loss concentration, insomnia, loss of capacity for decision making, stress and burnout, loss of interest in daily activities, feeling of being depressed, and regularly unhappy with mean score of 2.4, 2.2, 2.2, 2.3, 2.4, 2.5, and 2.8 against the average mean ( $\bar{x} = 2.0$ ) taken for the table. With 26.3% and 39.4% feeling regularly depressed and unhappy daily, it can be implied that a sufficient number of them are suffering from some form of depressive symptoms.

**Table 3: Pattern of psychological distress emotional / social dysfunction, depressive, and cognitive dysfunction.**

Items	Not at all	Sometimes	Often	Very much	Mean	Std. Dev.
Frequency of loss of concentration on a task	21.2%	41.4%	11.1%	26.3%	<b>2.43</b>	1.117
Not fine emotionally due to lack of sleep	40.4%	26.3%	9.1%	24.2%	<b>2.17</b>	1.204
Not playing useful part during recreation.	38.4%	28.3%	24.2%	9.1%	<b>2.04</b>	.999
Often felt like not capable of making decisions	23.2%	44.4%	22.2%	10.1%	<b>2.19</b>	.911
Felt like under stress many times	19.2%	53.5%	7.1%	20.2%	<b>2.28</b>	1.000
Often thought can’t overcome difficulties.	33.3%	38.4%	18.2%	10.1%	<b>2.05</b>	.962
Felt like don’t enjoy normal activities again	21.2%	40.4%	17.2%	21.2%	<b>2.38</b>	1.047
Considered self-facing many problems	28.3%	35.4%	20.2%	16.2%	<b>2.24</b>	1.041
Felt unhappy and depressed most times	18.2%	44.4%	11.1%	26.3%	<b>2.45</b>	1.072
Felt losing confidence in self anytime	42.4%	30.3%	16.2%	11.1%	2.00	1.019
Thought of self as worthless than others	62.6%	17.2%	13.1%	7.1%	1.65	.962
Overall feeling of unhappiness	18.2%	25.3%	17.2%	39.4%	<b>2.78</b>	1.157

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Relationship between Forensic Characteristics and Symptoms of Mental Illness

Results indicate, as shown in Table 4, a significant relationship between forensic characteristics and symptoms of anxiety, aggression, depression, hopelessness, psychological distress, emotional and social dysfunction, depressive symptoms, and cognitive dysfunction as shown by the following *t-values* at *p-value* = ≤ 0.000, *df* = 98., *respectively*: 17.769, 19.843, 18.190, 12.442, 12.560, 17.418, 11.719, and 15.836 respective

**Table 4: Relationship between Forensic Characteristics and Symptoms of Mental Illness among the Respondents.**

	Paired Differences		Std. Error	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
	Mean	Std. Dev.		Lower	Upper			
Anxiety	-5.33333	2.98636	.30014	-5.92895	-4.73771	-17.769	98	.000
Aggression	-6.24242	3.13014	.31459	-6.86672	-5.61813	-19.843	98	.000
Depression	-5.82828	3.18812	.32042	-6.46414	-5.19242	-18.190	98	.000
Hopelessness	-3.47475	2.77872	.27927	-4.02895	-2.92054	-12.442	98	.000
Psychological Distress	-3.65657	2.89673	.29113	-4.23431	-3.07882	-12.560	98	.000
Emotional / Social Dysfunction	-4.70707	2.68880	.27023	-5.24334	-4.17080	-17.418	98	.000
Depressive Symptoms	-3.71717	3.15595	.31718	-4.34661	-3.08773	-11.719	98	.000
Cognitive Dysfunction	-4.05051	2.54500	.25578	-4.55810	-3.54291	-15.836	98	.000

4. DISCUSSION

The mean age of the respondents found in this study (16±3years) corresponds with the admissible in the Nigerian Correctional Service guidelines for inmates (NCS, 2019; Ugwuoke, 2018) for which borstal institutions were established. However, part of the objective was to rehabilitate young offenders that yet to reach full age of adjudication (Ugwuoke, 2018). A sizeable number have stayed in the centre beyond this age group. In actual sense, 67.3% have stayed well over 12months in the training which might culminating to negative psychological state.

The index offences identified were among the social vices are those that meet criteria for the custodial care, thus challenging Nigerian social system. Previously, index offences like cultism was not categorized as social anomaly but, its negative impact in the society especially among the adolescent led to this effect (Nnajieta & Ahamefula, 2015). For example, (Mike Alumona & Amusan, 2019) reported that cultism is a fatal social menace among the youths based on its negative consequences such as murder, robbery, and arm proliferation. Since such crime is of socio-cultural origin (Nwobodo, 2022) its nefarious act against the purpose of its creation in 1952 continue to attract members based on needs for security or a way out of poverty among the young people (Nnajieta & Ahamefula, 2015).

In addition to the findings on drug abuse, there could be several socio-cultural effects of substance abuse including cultism, and behaviours that are difficult for parents to control, as found in this study. "Beyond parental control" is the main reason for the majority of Nigeria's juvenile detention population and has evolved into an index offense in the legal system (Atilola et al., 2014).

Concerns have been raised, nevertheless, about the Nigerian juvenile court system's propensity to jail minors by classifying them as "beyond control" when their behavioral problems are the result of neglect, abuse, or conflict in the home (Atilola et al., 2014). The idea of parental control has become a highly significant worldwide issue in our culture since children who are exposed to circumstances outside of their control encounter a variety of difficulties that may significantly affect their mental and emotional health (Rao et al., 2020). When parents do not provide adequate direction and supervision, their children may engage in harmful activities like substance abuse, which may later be termed behaviours beyond control among young offenders, with the forensic characteristics reported in this study. Our study lends credence to the work of Turner et al., (2021) who reported similar forensic characteristics among German young offenders which include Our research validates the findings of Turner et al. (2021), who noted comparable forensic traits among juvenile German criminals, including theft, serious injury, breaking drug laws, fraud, and libel, among other offenses. Conversely, SMI

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observed among them was some of them exhibited aggressive behaviour. Related to the younger generation's propensity for mental health issues is their inability to control their emotions, which show up as dysfunctional anger (Eher et al., 2019; Turner et al., 2021).

We also discovered that aggressive behaviours and tendency for violent acts were a major challenge to our respondents. As 53.5% of them sometimes become irritated during conversation, while 10.1% of them frequently become irritated during conversation. Also, 46.5% of them do sometimes get angrier that they can admit, 35.4% of them sometimes get nervous on sitting the correctional officers while 36.4% sometimes boiled inside but try not showing it while 15.2% often boiled, and 28.3% do boiled inside regularly. This implies that, many of the young offenders in this setting suffering from SMI but might have been screened to confirm their diagnosis.

Aggression among young offender was described as been potentiate by the environment (Jordaan & Hesselink, 2022), but in the same trend still remain a social learning behaviour. Gang formation and belongingness has been reported among offenders (Pyrooz et al., 2016), such attitudes are associated with aggressive act and some situations are methods of coping strategies among young offenders (Reid & Listwan, 2018). In either way, aggressive and violent acts are manifestation mental mal adjustment such as in the case of anxiety or depression in the prison setting (Badru et al., 2018; Osasona & Koleoso, 2015).

Similarly, we established a significant correlation between index offence and SMI viz; aggression, depression, hopelessness, psychological distress, emotional and social dysfunction, depressive symptoms, and cognitive dysfunction at *t-value* of 17.769, 19.843, 18.190, 12.442, 12.560, 17.418, 11.719, and 15.836 respective at *p-value* =  $\leq 0.000$ , *df* = 98. This implies that, there is possibility of forensic attributes promoting SMI among our study participants.

Although, the SMI among juvenile offenders might vary from those among adult offenders due to several maltreatment and different childhood adversity which can be significantly related to criminogenic needs, and possibly, previously experienced maltreatment in their homes and communities (Vitopoulos et al., 2019). Young people have been registered as stigmatizing people with mental illness (Ogunfowokan et al., 2020), the disconnection experience during the period of imprisonment can contributes to the development of SMI such as anxiety and other neurotic disorders (Liebrenz et al., 2020) especially when inmates are not having clear information about their safety such as an outbreak of infectious disease, jailbreak, the progress of trial or any other related information might be influencing the manifestation of SMI.

Sequel to the purpose of borstal homes, effort should be geared toward making this objective a reality in all spheres. Moreso, authorities of correctional services should provide psychological programmes that will cater for an external locus of control trait and adverse childhood experience (ACE) among juveniles to enhance better behavioural modification (Oguntayo et al., 2020). Borstal homes serve to reintegrate juveniles and young offenders into communities as law-abiding citizens, hence; it is pertinent for a renewed focus on mental health promotion towards fulfilment this goal.

### 5. CONCLUSION AND RECOMMENDATION

From the findings of this study, it was gathered that symptoms of mental illness are a common occurrence among adolescent in borstal institution although, their mental health is being overlooked on many occasions. It is therefore pertinent to always create robust health care plan to capture the challenges of mental ill-health that may be present especially at the time of admittance into the setting. Future research can examine the variables of these study to make a socio-cultural comparison of inmates in other borstal training institution in another region of the country.

#### Implication of findings

Policy formulation and implementation is important in this regard toward improving the quality of mental health of the young offenders under rehabilitation through provision of effective screening programme at the point of admittance into the setting and care modality of early detection and treatment of SMI. This study suggests collaboration among professionals to proffer solution to the health challenges of the young offenders in Nigerian Borstal Training Institutions. Conduct of research study among young offenders in Nigeria still lacks the require attention, concerted effort is required by the researchers in investigating various health problems being faced by the juvenile offenders and proffer appropriate interventions.

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### Limitation of the study

The limitation in our study is worthy of note was that pre-rehabilitation history of the respondents was not provided as well as their personality profiles which might have coloured the presentation were not assessed in this study. Research have indicated that these factors are essential elements in the manifestation and evolution of mental illness-symptoms related.

### Conflicts of Interest

There are no conflicts of interest.

### Acknowledgements

Not applicable.

### Authors' contributions

OEO and ASA developed the initial concept, OEO and ODO wrote the manuscript. OKO and ODO work on the ethical approval and data collection, OTE and AEE reviewed the manuscript for further correction, AEE supervised the work. The authors read and approved the final manuscript.

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