Justice contact and health outcomes: or how a few graphics rocked my world
Trying to understand race, health, and the justice system

Theories about why kids are criminals

Followed 600 kids through system:

Health, suicide, injury, death, vaccines in facilities

Law? Guidelines? Standards?

Impulsivity, lack of willpower, low self-control is often a symptom of ACE’s, social exclusion, chronic stress

JJ contact is another adverse event, stressor

The Marshmallow Test is debunked; crayons, too.
Theories of juvenile offending, in brief

20th century explanations of delinquency:

Embracing lower class values
- Street smartness, short term, excitement, autonomy, toughness (Miller)

Being unprepared for middle class status competition
- Differentially prepared for school, where they fail (Cohen)

Lack adequate formal and informal social control
- No reinforcement (Reiss, Hirschi)

Most focused on delinquency through lens of urbanization, immigration, and lower class
Theories of juvenile offending, in brief

20th century explanations of delinquency

Impulsivity, low self-control
- Prevailing concept of late 20th early 21st century
  - Risk-taking
  - Immediate gratification
  - Low levels of focus and attention
  - Disruptors
  - Need for more excitement
  - Lack of will-power/self-control
- More provocative, inherently tied directly to race
  - Low verbal IQ
  - Poorly developed conscience
  - Lack of guilt (physiological and psychological)
- The marshmallow test
  - One marshmallow now or
  - Two if you wait
  - Conclusive measure of lack of willpower at the time
Why did the 600 kids have so many more problems, fewer solutions, and none of their own making?

Why did so many die, get injured, get sick, move to adult system over the period?

How could families be involved when they were one small crisis away from collapse?

Could I survive a juvenile facility? And why am I not in one?
And more importantly, why so much trauma?

Concentrations of outcomes

 Violence is sustained

Life inequality in Baltimore's neighborhoods

Rate of Firearm Homicide Deaths, by Race/Ethnicity, 1993-2010

Per 100,000 people

Note: See Appendix 1 for underlying data. Whites and blacks include only non-Hispanics. Hispanics are of any race.

Source: CDC’s National Center for Injury Prevention and Control Web-based Injury Statistics Query and Reporting System (WISQARS)

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High rates of:
- Violence
- Abuse
- Isolation
- Restraint
- Suicide
- Crowding

Findings of:
- Lack of appropriate
  - Health care
  - Mental health care
  - Suicide screening
  - Access to basic services and education
- Failure to meet “guidelines”
  - 53 of 1,370 accredited
- Deliberate indifference is the binding standard of care

Conditions of confinement – National studies

Abt Associates
OJJDP/GMU
Annie E Casey
Westat
Youth Law Center
<table>
<thead>
<tr>
<th>Condition</th>
<th>Study Lead Auth</th>
<th>Sex</th>
<th>Final Sample Size</th>
<th>Age (range)</th>
<th>Race</th>
<th>Geography</th>
<th>Sample Size</th>
<th>Data Collection Method</th>
<th>How the Condition was Measured</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostitution</td>
<td>Teplin, 2005</td>
<td>M</td>
<td>460 (10-18)</td>
<td>dk</td>
<td>Cook County, IL</td>
<td>Temporary newly detained admitted</td>
<td>Northwestern Juvenile Project's AIDS Risk Behavior Survey</td>
<td>Self-report during interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>Abrantes, 2005</td>
<td>M</td>
<td>34 (13-18)</td>
<td>65.4% White</td>
<td>Cook County, IL</td>
<td>18-18 years old</td>
<td>DISC-C 2.3 in English and Spanish</td>
<td>The Practical Adolescent Diagnostic Interview (FAI) &amp; The Practical Adolescent Diagnostic Interview (FAI)</td>
<td>Each county was self-report questionnaire administered by an on-site clinician</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Robertson, 2004</td>
<td>F</td>
<td>161 (13-18)</td>
<td>65.4% White</td>
<td>Texas</td>
<td>20-24 years old</td>
<td>Adolescent Psychopathology Scale (APS) - 3A/2</td>
<td>Self-report questionnaire for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self harm</td>
<td>Morrison, 1994</td>
<td>Both</td>
<td>139 (14-18)</td>
<td>53.8% White</td>
<td>Texas</td>
<td>Juvenile detention center, full facility</td>
<td>Self-report during interview</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Separation Anxiety</td>
<td>Robertson, 2004</td>
<td>F</td>
<td>482 (12-18)</td>
<td>65.4% Black</td>
<td>Texas</td>
<td>20-24 years old</td>
<td>Adolescent Psychopathology Scale (APS) - 3A/2</td>
<td>Self-report questionnaire for children</td>
<td></td>
<td></td>
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<tr>
<td>Separation Anxiety</td>
<td>Robertson, 2004</td>
<td>M</td>
<td>380 (12-18)</td>
<td>65.4% Black</td>
<td>Texas</td>
<td>20-24 years old</td>
<td>Adolescent Psychopathology Scale (APS) - 3A/2</td>
<td>Self-report questionnaire for children</td>
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<td></td>
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</tr>
<tr>
<td>Separation Anxiety</td>
<td>Robertson, 2004</td>
<td>M</td>
<td>200 (17-18)</td>
<td>20.4% Black</td>
<td>Texas</td>
<td>20-24 years old</td>
<td>Adolescent Psychopathology Scale (APS) - 3A/2</td>
<td>Self-report questionnaire for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Evans, 1996</td>
<td>M</td>
<td>34 (12-18)</td>
<td>41.7% White</td>
<td>Nevada</td>
<td>State-supported youth</td>
<td>The Practical Adolescent Diagnostic Interview (FAI)</td>
<td>Self-report survey</td>
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<tr>
<td>Sexual Abuse</td>
<td>Evans, 1996</td>
<td>F</td>
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<td>41.7% White</td>
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<td>State-supported youth</td>
<td>The Practical Adolescent Diagnostic Interview (FAI)</td>
<td>Self-report survey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Juvenile Justice Pop
Federal Initiative: summary of 2,000 studies
Q: why are we seeing non-risk behavior health problems?

Relative risk compared to general adolescent population

- Hospitalized-violent injury
- Acute minor disorders (tonsils)
- Acute major (pneumonia)
- Recurrent (asthma)
- Long-term medical
- Hearing
- Asthma
- Vision
- Anemia
- Head injury - hospital
- Seizures
- Dental

Note: The chart shows the relative risk compared to the general adolescent population for various health conditions.
Chronic stress and coping, Evans

- The greater the exposure to chronic stress, the poorer coping mechanisms become
  - In large part a physiological response
  - Allostatic load burden
    - reflects chronic wear and tear on the body
    - caused by the mobilization of multiple systems as they respond to changing environmental demands and cumulative burden
      - typically assessed by indices of
        - cumulative physiological dysregulation across multiple response systems
          - (e.g., elevated HPA, elevated SAM, poor metabolic control, elevated inflammation)
  - Is elevated among poor children
Self-regulation and coping rely on multiple processes:
- Attention
- Control
- Working memory
- Inhibitory control
- Delay of gratification
- And planning

All can be directly compromised by chronic stress and its impact on physiological and psychological resilience.
Slopen – on race disparities

• Similar to Evans conceptually
• But begins to argue intergenerational implications that we know we must consider
  ○ Race has been long tied to disadvantage and poverty, both of which are chronic stressors
  ○ Disadvantage has systematically kept minorities out of gaining wealth through social exclusion
  ○ This means people of color, especially those in poverty and without other resources are more likely to experience psychophysiological stress
Race\*income\*violence

Poverty and race

**FIGURE 4**
Rate of violent victimization by poverty level and race or Hispanic origin, 2008–2012

Rate per 1,000 persons age 12 or older

<table>
<thead>
<tr>
<th>Race</th>
<th>Poor</th>
<th>Low income</th>
<th>Mid-income</th>
<th>High income</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Black/African American</td>
<td>45</td>
<td>35</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>35</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: For 2002-2011, whites, blacks and Asians include only persons who reported a single race; for 1973-2001, respondents (including those who may be of more than one race) were allowed to report only one race group. Whites include Hispanics for 1963-1972; blacks and Asians include Hispanics for all years. Asians include Pacific Islanders prior to 2002. Data for Asians not available prior to 1987. Native Americans and other groups not shown.


**Poverty Rate by Race and Ethnicity**

Percent below the poverty line

<table>
<thead>
<tr>
<th>Year</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1963</td>
<td>28%</td>
<td>25%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>1970</td>
<td>26%</td>
<td>22%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>1980</td>
<td>23%</td>
<td>22%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>1990</td>
<td>19%</td>
<td>18%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>2000</td>
<td>16%</td>
<td>16%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>2011</td>
<td>12%</td>
<td>10%</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Note: For 2002-2011, whites, blacks and Asians include only persons who reported a single race; for 1973-2001, respondents (including those who may be of more than one race) were allowed to report only one race group. Whites include Hispanics for 1963-1972; blacks and Asians include Hispanics for all years. Asians include Pacific Islanders prior to 2002. Data for Asians not available prior to 1987. Native Americans and other groups not shown.

Source: U.S. Census Bureau, Historical Poverty Statistics – Table 2

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So...

- We can accept a theory that poor people and people of color are more impulsive and lack will power and that explains:
  - Disproportionate contact
  - Risk-related illnesses
  - Non-risk related illnesses?

OR

- We can look at contact with the JJ system as one more source of chronic stress – high blood pressure, overnight neuroendocrine hormones, startle response, PTSD, diminished problem-solving capacity
- These chronic stressors are harder to overcome among socially excluded
Seven dimensions to social exclusion:

From Percy Smith, 2000

- economic
- social
- political
- neighborhood
- individual
- spatial
- group
Indicators of social exclusion:
ACE’s diminish; resources mitigate

- health
- deprivation
- access to education
- housing
- basic skills (literacy and numeracy)
- access to public and private services
- social participation, including internet access.

Poverty and systematic racism are very visible in this population.
### Juvenile Justice contact is symptom, not an outcome

**What do we achieve?**

- Putting highest risk kids
- In most difficult circumstances
- Diminishes coping capacity

**Where are we?**

- Juveniles in residential facilities are at lowest population levels
- Crime still decreasing
- We do not need these removals – exclusions begets worse outcomes
- Begin from a place of concern
Marshmallow test fails

- It is an indicator of income, mother’s education
- You can’t plan for a future you are hard wired to believe does not exist
Every adverse event clips away at resources and social inclusion

From the Board on Children, Youth and Families