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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:

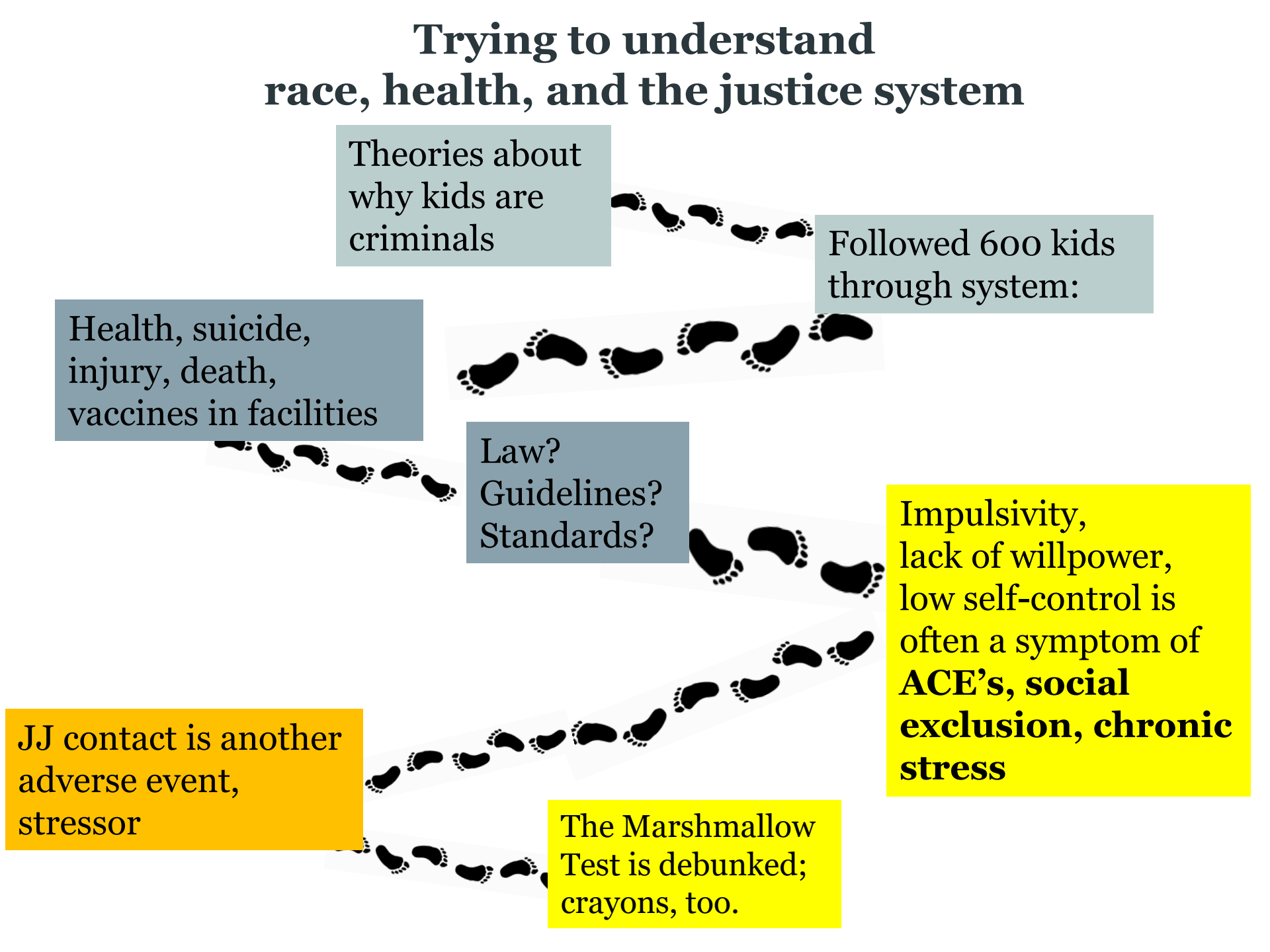
Health, suicide, injury, death, vaccines in facilities

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?

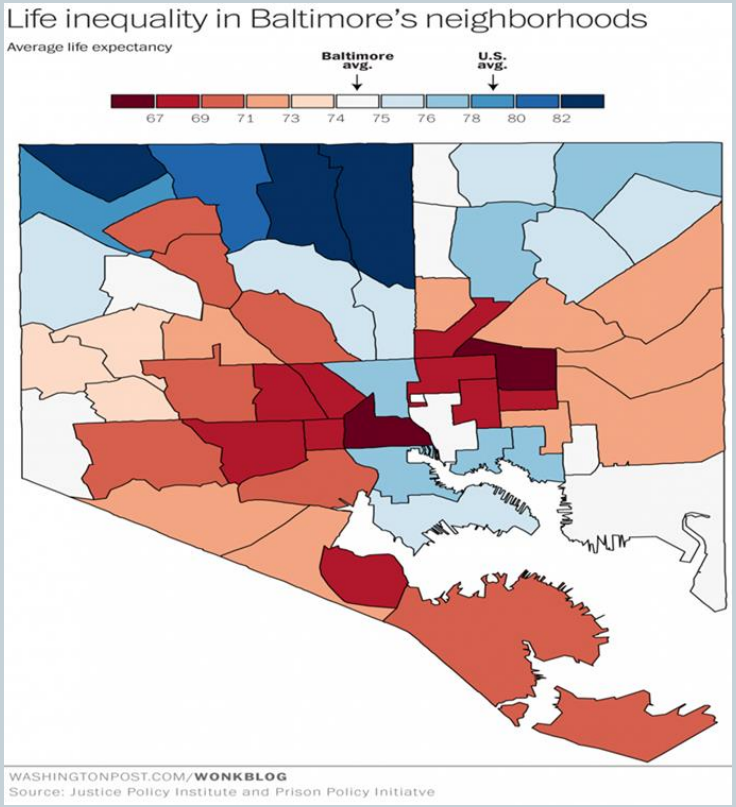
Why did so many die, get injured, get sick, move to adult system over the period?

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

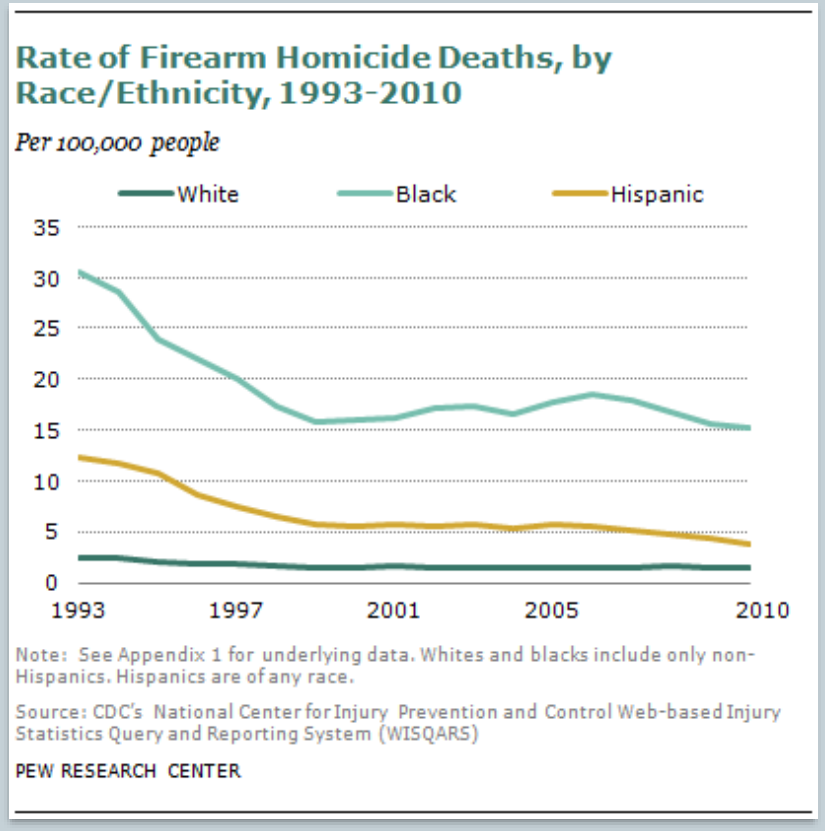
Could I survive a juvenile facility? And why am I not in one?

And more importantly, why so much trauma?

Concentrations of outcomes



Violence is sustained



Conditions of confinement – National studies

Abt Associates

OJJDP/GMU

Annie E Casey

Westat

Youth Law Center

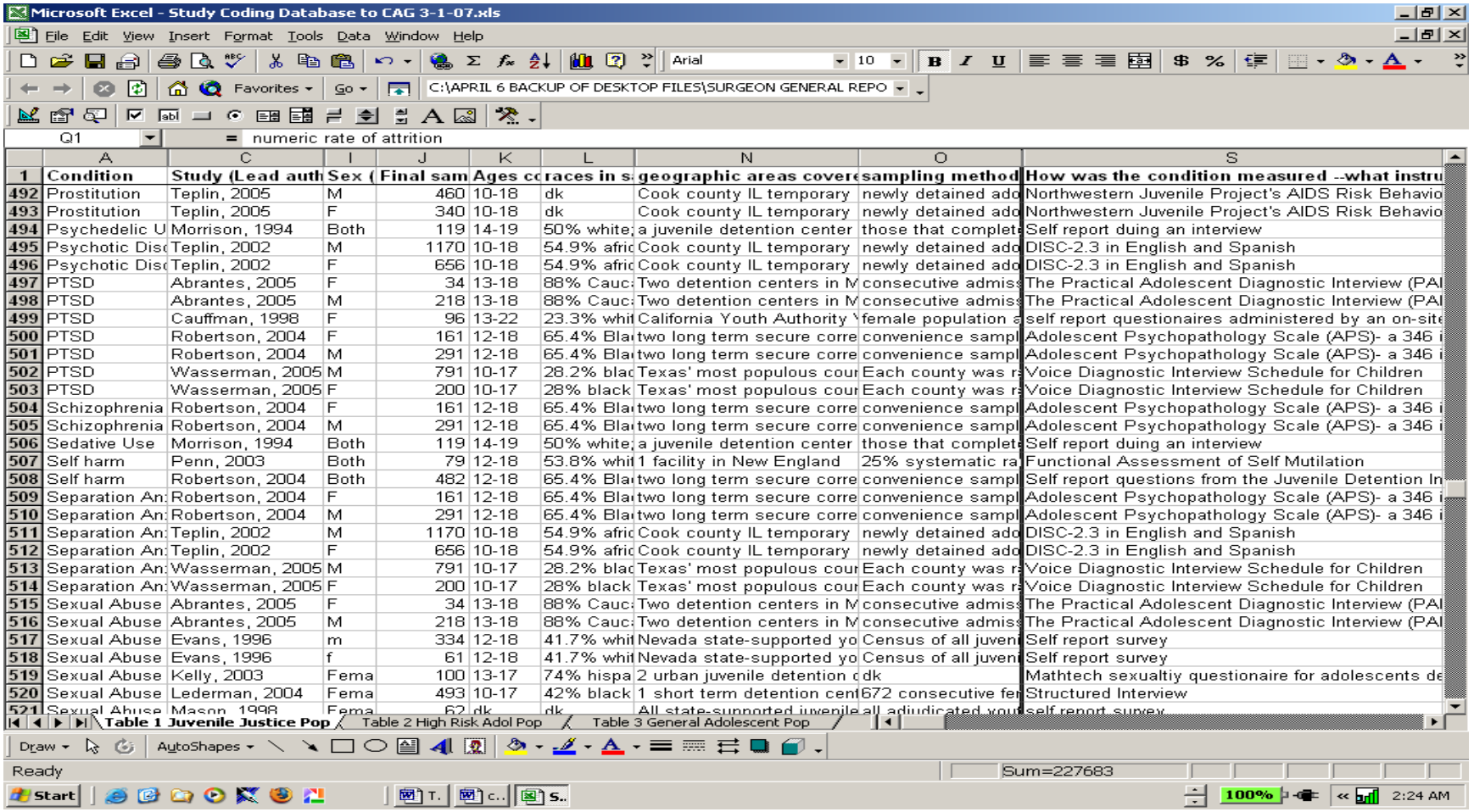
High rates of:

- 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

Federal Initiative:
US Surgeon General, OJJDP, GMU



Microsoft Excel - Study Coding Database to CAG 3-1-07.xls

File Edit View Insert Format Tools Data Window Help

Arial 10

C:\APRIL 6 BACKUP OF DESKTOP FILES\SURGEON GENERAL REPO

Q1 = numeric rate of attrition

	A	C	I	J	K	L	N	O	S
1	Condition	Study (Lead auth	Sex (	Final sam	Ages co	races in s	geographic areas covere	sampling method	How was the condition measured --what instru
492	Prostitution	Teplin, 2005	M	460	10-18	dk	Cook county IL temporary	newly detained ado	Northwestern Juvenile Project's AIDS Risk Behavio
493	Prostitution	Teplin, 2005	F	340	10-18	dk	Cook county IL temporary	newly detained ado	Northwestern Juvenile Project's AIDS Risk Behavio
494	Psychedelic U	Morrison, 1994	Both	119	14-19	50% white;	a juvenile detention center	those that complete	Self report duing an interview
495	Psychotic Disc	Teplin, 2002	M	1170	10-18	54.9% afric	Cook county IL temporary	newly detained ado	DISC-2.3 in English and Spanish
496	Psychotic Disc	Teplin, 2002	F	656	10-18	54.9% afric	Cook county IL temporary	newly detained ado	DISC-2.3 in English and Spanish
497	PTSD	Abrantes, 2005	F	34	13-18	88% Cauc	Two detention centers in M	consecutive admis	The Practical Adolescent Diagnostic Interview (PAI
498	PTSD	Abrantes, 2005	M	218	13-18	88% Cauc	Two detention centers in M	consecutive admis	The Practical Adolescent Diagnostic Interview (PAI
499	PTSD	Cauffman, 1998	F	96	13-22	23.3% whit	California Youth Authority	female population a	self report questionaires administered by an on-site
500	PTSD	Robertson, 2004	F	161	12-18	65.4% Bla	two long term secure corre	convenience sampl	Adolescent Psychopathology Scale (APS)- a 346 i
501	PTSD	Robertson, 2004	M	291	12-18	65.4% Bla	two long term secure corre	convenience sampl	Adolescent Psychopathology Scale (APS)- a 346 i
502	PTSD	Wasserman, 2005	M	791	10-17	28.2% blac	Texas' most populous cour	Each county was r	Voice Diagnostic Interview Schedule for Children
503	PTSD	Wasserman, 2005	F	200	10-17	28% black	Texas' most populous cour	Each county was r	Voice Diagnostic Interview Schedule for Children
504	Schizophrenia	Robertson, 2004	F	161	12-18	65.4% Bla	two long term secure corre	convenience sampl	Adolescent Psychopathology Scale (APS)- a 346 i
505	Schizophrenia	Robertson, 2004	M	291	12-18	65.4% Bla	two long term secure corre	convenience sampl	Adolescent Psychopathology Scale (APS)- a 346 i
506	Sedative Use	Morrison, 1994	Both	119	14-19	50% white;	a juvenile detention center	those that complete	Self report duing an interview
507	Self harm	Penn, 2003	Both	79	12-18	53.8% whit	1 facility in New England	25% systematic ra	Functional Assessment of Self Mutilation
508	Self harm	Robertson, 2004	Both	482	12-18	65.4% Bla	two long term secure corre	convenience sampl	Self report questions from the Juvenile Detention In
509	Separation An	Robertson, 2004	F	161	12-18	65.4% Bla	two long term secure corre	convenience sampl	Adolescent Psychopathology Scale (APS)- a 346 i
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514	Separation An	Wasserman, 2005	F	200	10-17	28% black	Texas' most populous cour	Each county was r	Voice Diagnostic Interview Schedule for Children
515	Sexual Abuse	Abrantes, 2005	F	34	13-18	88% Cauc	Two detention centers in M	consecutive admis	The Practical Adolescent Diagnostic Interview (PAI
516	Sexual Abuse	Abrantes, 2005	M	218	13-18	88% Cauc	Two detention centers in M	consecutive admis	The Practical Adolescent Diagnostic Interview (PAI
517	Sexual Abuse	Evans, 1996	m	334	12-18	41.7% whit	Nevada state-supported yo	Census of all juveni	Self report survey
518	Sexual Abuse	Evans, 1996	f	61	12-18	41.7% whit	Nevada state-supported yo	Census of all juveni	Self report survey
519	Sexual Abuse	Kelly, 2003	Fema	100	13-17	74% hispa	2 urban juvenile detention c	dk	Mathtech sexualtiy questionaire for adolescents de
520	Sexual Abuse	Lederman, 2004	Fema	493	10-17	42% black	1 short term detention cent	672 consecutive fe	Structured Interview
521	Sexual Abuse	Mason, 1998	Fema	62	dk	dk	All state-supported juvenile	all adjudicated you	self report survey

Table 1 Juvenile Justice Pop | Table 2 High Risk Adol Pop | Table 3 General Adolescent Pop

Draw AutoShapes

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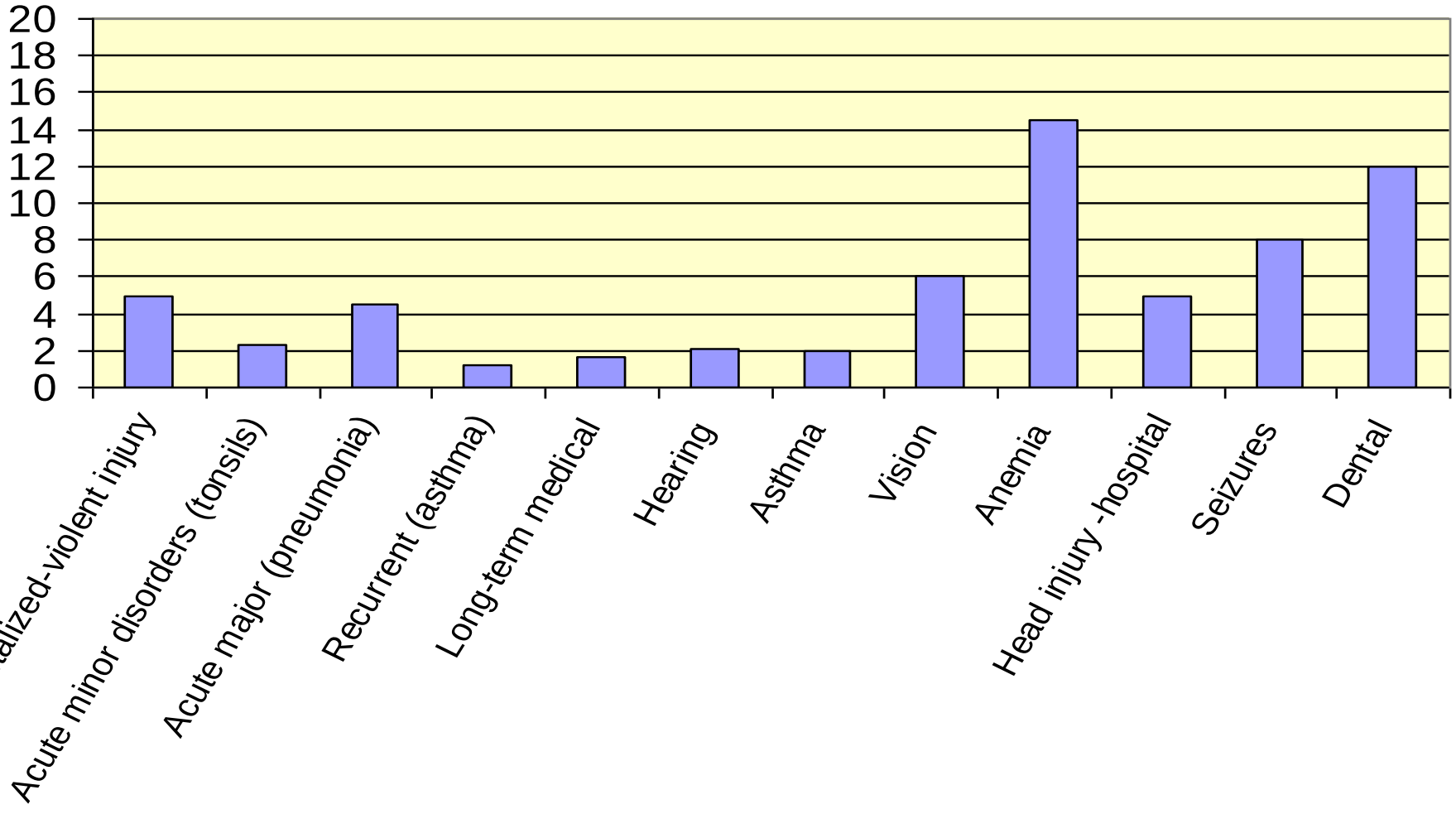
Federal Initiative: summary of 2,000 studies
Q: why are we seeing non-risk behavior health problems?



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

Continuing on chronic stress, Evans

- 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

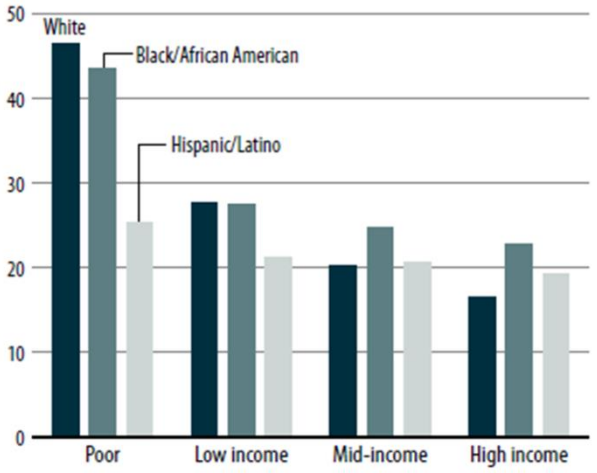
- Similar to Evans conceptually
- But begins to argue intergenerational implications that we know we must consider
  - Race has been long tied to disadvantage and poverty, both of which are chronic stressors
  - Disadvantage has systematically kept minorities out of gaining wealth through social exclusion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

Race*income*violence

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



Note: Poor refers to households at 0% to 100% of the Federal Poverty Level (FPL). Low income refers to households at 101% to 200% of the FPL. Mid-income refers to households at 201% to 400% of the FPL. High income refers to households at 401% or higher than the FPL. Excludes persons of Hispanic or Latino origin, unless specified. See appendix table 6 for estimates and standard errors.

Source: Bureau of Justice Statistics, National Crime Victimization Survey, 2008–2012.

Poverty and race

Poverty Rate by Race and Ethnicity

Percent below the poverty line

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

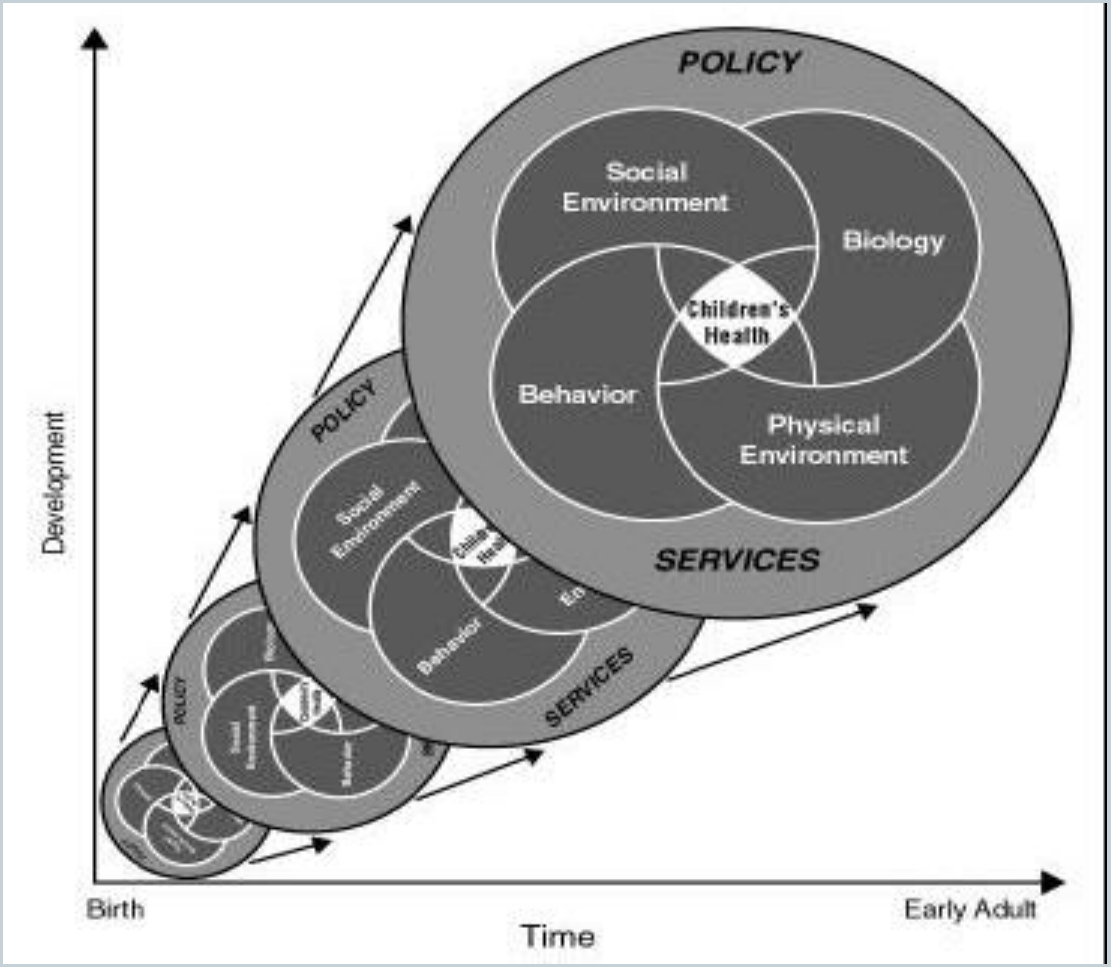
Where are we?

- 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