



THE COLOR OF JUSTICE

**The Landscape of Traumatic Justice:
Youth of Color in Conflict with the Law**

The Alliance of National Psychological Associations for Racial and Ethnic Equity

The Association of Black Psychologists

The Asian American Psychological Association

The National Latina/o Psychological Association

The American Psychological Association

The Society of Indian Psychologists

2019



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Publication, 2019.

Recommended Citation:

Cancio, R., Grills, C. T., and J. García. (2019). *The Color of Justice: The Landscape of Traumatic Justice: Youth of Color in Conflict with the Law*. The Alliance of National Psychological Associations for Racial and Ethnic Equity.

Acknowledgments

This document was developed by The Alliance of National Psychological Associations for Racial and Ethnic Equity.

We would like to thank the following people for their invaluable contributions and revisions to this document: Claudette Antuña, Leah Rouse Arndt, Eddie Becton, Kim McGill, Gayle Morse, Kevin Nadal, Amorie Robinson, and Sandra Villanueva.

We would also like to thank the Youth Justice Coalition youth who generously shared their stories.

The Annie E. Casey Foundation provided support for this report. The Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. This research was funded by the Annie E. Casey Foundation. We thank them for their support. The findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.

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“You have young men of color in many communities who are more likely to end up in jail or in the criminal justice system than they are in a good job or in college.”

—Barack Obama

Foreword

Youth of color (YOC) have been overrepresented in the juvenile justice (JJ) system for decades. Despite attention to the issue, they remain overrepresented at every stage of the process compared to their White peers. This is, in part, because the JJ system in the U.S. is embedded with systemic racism that contributes to conflicting realities of over and under diagnosis, as well as YOC being unserved, underserved, and inappropriately served. We are aware of practices that contribute to why YOC are disproportionately arrested, referred to juvenile court, prosecuted, detained, and sentenced to secure confinement. However, we are less informed about how psychology and the mental health system, including inadequacies and failures in prevention, early intervention, and treatment programs contribute to the problem of over-representation.

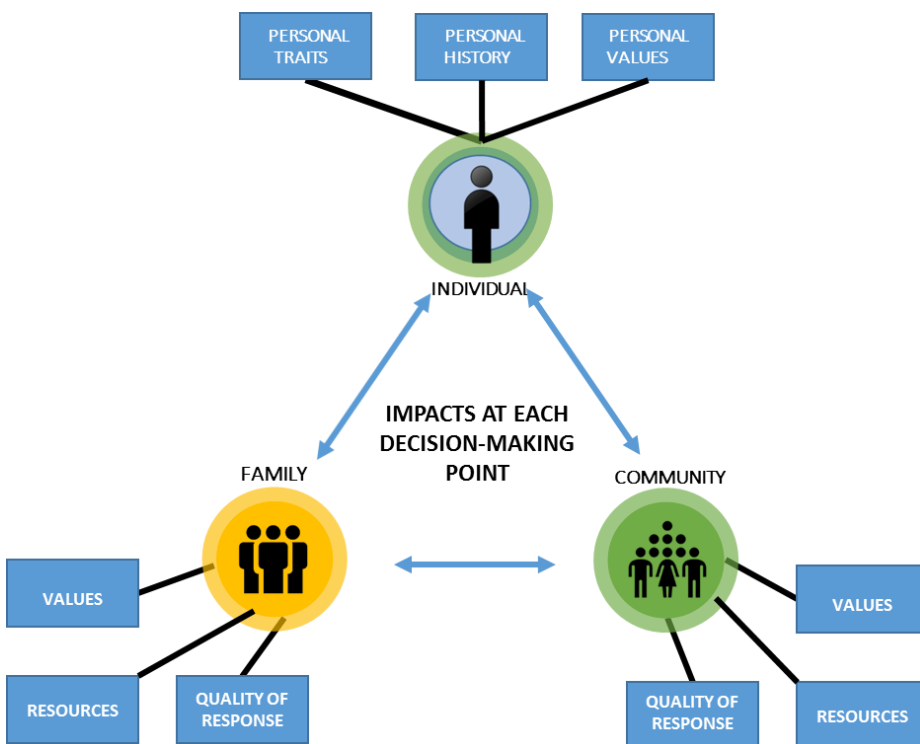
Given the JJ system's overly punitive response to YOC, it is imperative that closer attention be given to how mental health system practices contribute to JJ racial and ethnic disproportionality, as well as the damaging mental health effects of incarceration on YOC. Critical issues in policy, practice, and research that demand greater attention from the mental health system include the:

- established finding that elevated scores on mental health screening instruments drive YOC into the JJ system;
- role of implicit bias in perceptions, diagnoses, and treatment (or, lack thereof) of YOC;
- use of mental health diagnoses to justify residential placement and confinement of YOC;
- human rights violations, particularly in the form of YOC receiving the harshest treatment in detention and secure confinement, and being subjected to shameful, demoralizing practices;
- intersection of trauma and institutional solitary confinement or restraint including other unnecessary punitive measures, e.g., pepper spraying, restraint chairs;
- failure to recognize and properly address complex trauma-related behaviors for YOC from multiple events, including events and or processes related to the JJ system;
- negative and pervasive lifetime consequences of incarceration of YOC, including exclusion from education, jobs, college, scholarships, public housing, enrollment in the military, loss of voting rights, and increased risk of violence;
- lack of sufficient ethnic-specific data on assessment, diagnosis, and treatment effectiveness within major racial and ethnic categories and subcategories of ethnic identity;
- lack of culturally tailored, clinically valid and reliable assessment, diagnosis, and intervention practices.

A social-ecological perspective is an appropriate lens through which to understand the complex interplay between personal and environmental factors and their impact on individual risks and health outcomes. This perspective provides a comprehensive framework for understanding the complex interplay that puts YOC at risk for delinquent behaviors or protect them from experiencing or perpetrating delinquency. For example, system-involvement not only impacts those who are institutionalized, but also devastates families and impairs communities. When youth are removed from their families and communities, vital social capital is diminished. Families are traumatized, which can trigger complex PTSD. From a social-ecological perspective, we know an individual's physical and mental health status is likely to be compromised. Those who work in JJ institutions also know that youth with prior mental health issues, including trauma, emotionally and psychologically deteriorate because of incarceration. Their reliance on "trauma informed" approaches does nothing to address the root causes of trauma in neighborhoods, families, and schools; characterizes trauma as an individual experience rather than a collective one impacting YOC; and focuses on the treatment of pathology, i.e., trauma, rather than fostering possibility, i.e., well-being (Ginwright, 2018).

Further, the consequences of incarceration may represent significant impediments to post-incarceration health and psychosocial adjustment. They may interfere with the transition from incarceration-to-home, hinder successful re-integration into social networks and education or employment settings, and compromise the ability to resume a role within the family. The range of consequences for individual, family, and community well-being includes disabling effects of institutionalization and persistent effects of untreated or exacerbated mental illness, including trauma. It also includes long-term impacts of developmental disabilities neglected or improperly addressed, and/or pathological consequences of JJ system punishment, restraint, or solitary confinement (See Figure 1).

Figure 1
Conceptual Model



These and other issues must be addressed if we are to stem the tide of over-reliance on “deep end strategies” for YOC, i.e., incarcerated or held in out-of-home settings (The Annie E. Casey Foundation, 2013). Rather than provide an examination of the extent to which the mental health system and fields of psychology and psychiatry have failed YOC in the JJ system, this report synthesizes some important foundational issues from the perspective of members of The Alliance of National Psychological Associations for Racial and Ethnic Equity (The Association of Black Psychologists, The Asian American Psychological Association, The National Latina/o Psychological Association, The American Psychological Association, and The Society of Indian Psychologists).

Joining voices from the Alliance are staff and youth of a community-based organization in Los Angeles, The Youth Justice Coalition (YJC). YJC is dedicated to “building a youth, family, and formerly and currently incarcerated people’s movement to challenge America’s addiction to incarceration and race, gender and class discrimination.” Interviews and focus groups were conducted with YJC staff and youth who experienced, first-hand, current practice within the JJ system.

The Color of Justice is composed of three parts: (1) personal stories from youth in Los Angeles who have come to understand, interact with, navigate, cope, and even heal from their experiences with the JJ system, (2) a broad analysis and critique of relevant issues related to context, race, and culture to understand what is needed, what is missing, and what is problematic in current mental health treatment of YOC within the JJ system, and (3) a discussion of the mental health status and needs of incarcerated youth during mental health assessments and screenings.

We lead with the voices of youth. Powerful testimonials from youth members of the Youth Justice Coalition are included to illustrate the experiences of YOC attempting to navigate the JJ system from initial contact with police officers, to pre-trial detention, to post-disposition. This is supplemented with additional youth perspectives cited in Abrams and Terry (2017). The youth perspective is important and should inform any review, appraisal, and re-visioning of mental health practice within the JJ system.

VOICES FROM THE COMMUNITY

THE YOUTH JUSTICE COALITION, LOS ANGELES, CA

Los Angeles is a microcosm of the broader JJ system and provides a strong “case in point” about the harmful impact of incarceration on YOC. Los Angeles has the largest juvenile hall, probation camp, and jail system in the world (Newell & Leap, 2013).

- As many as 20,000 youth traverse L.A.’s juvenile halls every year.
- The average annual cost of incarcerating a youth in L.A. County is \$233,600.
- Disproportionate YOC contact and confinement are widespread.

According to Department of Justice statistics, the total number of youth arrests and citations in L.A. County plummeted from 56,286 in 2005 to 13,665 in 2015. While this reduction is substantial, there is more to the story than meets the eye. The collateral consequences of arrest and incarceration for YOC remain significant, including increased risk of high school dropout, trauma, re-traumatization, substance abuse, and many other negative outcomes (Abrams & Terry, 2017). Furthermore, the reduction in justice system involvement has not benefited all communities equally. YOC continue to experience a disproportionate burden of arrest and incarceration.

Community Organizer and Executive Director of the Youth Justice Coalition, Kim McGill, offers a different framing of the effects of exposure to the juvenile justice system, something she refers to as Post-Incarceration Stress Disorder (PISD).

Suppression-oriented Policing

focuses on increased arrests, institutionalization, and longer sentences. The dehumanizing and stressful effects of the system—from arrest, through long and ineffective court processes, overcrowded juvenile halls, jails and prisons, extreme sentencing, and for many, immigration detention and deportation—have led to *what I call an undiagnosed disorder*—Post-Incarceration Stress Disorder (PISD). Yes, it’s both intentional and ironic in that the acronym is PISD, since people under custody most often develop increased anger toward the system, community, family and friends. In other words, they are *pissed off* at everything.

At the same time, having a record cuts you off from most job opportunities and other resources, meaning that society’s overall response is “piss off.” Finally, your family and friends grow increasingly pissed at you, impatient and stressed—both emotionally and financially—by your system contact and all that is required of them is showing up at the police department, in court and at visiting; caring for your children and other responsibilities; lost income from days missed from work to go with you to court, bail, fees, fines, phone calls, money on your books, travel to prisons, or lost financial aid or employment due to your absence.

PISD is caused by the following:

lack of human interaction; extreme verbal, sexual and physical abuse at the hands of guards and other equally miserable prisoners; sensory deprivation; rampant spread of disease within filthy and overcrowded institutions; conditioning of system-involved people to depend on constant oversight and management of our daily lives—what people inside call becoming “institutionalized” even to the point that people can longer survive outside of custody; the wide availability of prescription and contraband drugs within institutions; lack of quality and effective drug and alcohol treatment; hours of wasted time without educational or vocational resources; and domination of “gang” and racial “politics” within the system— that is also exploited and encouraged by police and prison guards in order to maintain control through divide and conquer; all actually serve to increase problems for system-involved people and our families.

PISD causes new and increased rates of several afflictions, which are also spread to families and communities on the outside.

These include, but are not limited to: chronic homelessness and unemployment; dangerous health epidemics—many of which are also spread through infection to the outside - including HIV, Tuberculosis, Staph Infection, Hepatitis C, and Valley Fever; mental illness; misdiagnosis, addiction to, misuse, over-use and sharing of prescription medications; increased substance abuse; increase in domestic and community violence; extreme, unpredictable and often uncontrollable mood swings, depression and anger; suicide; “gang” affiliation and violence; and racial hatreds and conflict.

Kim McGill, Youth Justice Coalition, from

Cross the Line: Why LA Must Challenge the Idea that Police Budgets

Are Untouchable in order to Support Youth and Build Safer Communities 2012

The following four YOC testimonies illustrate the profound and lasting impact of JJ system involvement.

At their request, their full names are used because, as they said, for too long they have been voiceless, nameless, and invisible in our society.

As you read their testimonies, consider these questions.

- 1) How does the “stated intent” of juvenile incarceration match with the “lived experience” of incarcerated YOC?
- 2) As seen through the eyes of youth, to what extent are system practices rehabilitative or restorative, and to what extent are they abusive and shaming?
- 3) To what extent does the system “see” youth in the totality of their humanity, culture, and trauma?
- 4) Do system practices help youth manage their stress-response better or do they heighten and exacerbate their stress-response while in the JJ environment?
- 5) What therapeutic alliances are established with youth?
- 6) What culturally anchored assessment tools are used to evaluate and assess mental health status of youth?
- 7) What role does or can psychology and mental health systems play in challenging the status quo to support mental health and well-being of YOC?

Tanisha Denard

My name is Tanisha Denard. I am a recent high school graduate and a Youth Organizer with the Youth Justice Coalition. I was arrested at school for getting into a fight and put on probation. Whenever I was late to school, the police would be surrounding our campus giving out truancy tickets. After a few times getting tickets—each one was \$250 and went to \$900 if you couldn't pay it—my probation was violated, and I was sent to Los Padrinos Juvenile Hall.

From the time I entered the gate at juvenile hall, I felt anxious and hopeless. I remember the sound and sight of the big, bulky, metal wire gate opening up and then shutting behind me.

I took showers with a staff watching from the beginning to the end. There was no curtain on the window, so I could also see male staff come around during showers for the whole time I was locked up.

For the first few days, I was very distant. I wouldn't eat or go to the day room (a large room where you could sit with other people). I felt unsure and uncomfortable. But instead of trying to counsel me, the probation staff just stopped talking to me—they even stopped asking if I wanted food or dayroom time. Even though I wasn't on lock-down, I felt like I was in solitary confinement already.

I guess the staff thought I was depressed, so then they just ignored me, and day after day, I had no cell mate, no dayroom time, no hope.

Even for people who weren't on lockdown, nights for everyone were also under lockdown conditions. From 8pm or 9pm until 6am, you are locked into a single-person cell.

The rooms are about 5 feet by 10 feet with a metal door and a small shatterproof window that you can see out of into a small part of the hall if you stand on your toes. With the exception of the door, the walls are all cinderblock, painted white. Some sections of the wall are covered in gang-related tagging and brown stains that look like smeared feces or blood. The air conditioning would be

on full-blast. It was freezing. If you're found with an extra blanket or sweatshirt, you are accused of having contraband and punished. We had no books or writing materials, so nights were endless—just you, your thoughts and the screams or crying of the young people in the cells next to you. The sheets and underwear were often stained with urine, blood and feces. People had to beg to use the restroom, were ignored or told to shut up, and were sometimes forced to pee on the floor or into a towel or sheet.

I felt completely unwanted and unnoticed. I started to feel tense when any of the guards came close to me, paranoid that I had done something wrong, when in reality, I had been by myself most of the day. It is by far the worst feeling I had ever experienced.

There were also girls in the unit who tried to kill themselves or cut themselves, and they were put in a locked cell. They had little or no human contact, except when they were brought food or the nurse brought some people their meds. I even know people who hid their meds in their mouth so they could save them up to get a stronger high.

I believe that the cruel and unusual punishment made it easier for the Probation Department to treat everyone in juvenile hall this way. Once you get used to locking a person in a cage, it becomes normal for you. You don't notice how harmful it is, and these conditions start to spread throughout the facility.

Your family and the community expect that you are safe and unharmed. In reality, you might be safe from other youth, but not from yourself. Being

locked down makes you feel that you are worthless to society. You start to think about any way to escape, even if it means suicide. When I got home, I felt I had changed. My family could not believe my experience, and it constantly made me feel like I was a bad person. That feeling of hopelessness had only increased.

I think all young people in juvenile hall deserve something better than a 23-hour cell. If we need to heal or calm down, the best thing would be to create a nature park, or have us work outside to grow food, or take vocational trainings so we are ready to start our lives over after release.

It is essential that youth who have experienced these conditions get to pick the next Chief. If you haven't been locked up in the halls or the camps, you have no idea what we need without talking to us.

Because of my experiences, I organized with other youth and a coalition of groups to end truancy tickets in LAUSD schools. Then, the Youth Justice Coalition took on fare evasion tickets—10,000 citations a year in LA County that often included youth being frisked and hand cuffed—even arrested—going to and from school on LA's buses and trains. We decriminalized fare evasion in LA County and then created and passed SB 882 (Senator Hertzberg) to decriminalize fare evasion for youth statewide. Now, I am organizing to end random searches in schools, to close youth prisons, and to establish a strong Oversight Commission over the LA County Probation Department, and also to make sure that youth who have been locked up are equally involved in that oversight, including making sure we have a role in the recruitment, selection and accountability over the next Chief.

Edilberto “Eddie” Flores

My name is Edilberto “Eddie” Flores. I am a member of the Youth Justice Coalition and a recent graduate of the YJC’s high school and the Public Allies Program. I helped to pass AB 2276 to make sure that youth coming home from juvenile halls, camps and ranches are enrolled in the best school possible as soon as they are released. I was one of those youth that was thrown out on the streets without any education plan. That’s why I worked so hard to pass AB 2276 into law.

I was first detained at Eastlake Juvenile Hall in Los Angeles at the age of 16. The unit I was in was on lockdown most of the time. The only time we had outside our cell was for two hours of recreation. We ate breakfast, lunch, and dinner in our cell. We had some packets thrown at us for school, but most of the time, we didn’t have paper or a pencil to write our families. They would take the pencils away from us if we had one. We had no books to read; nothing to distract my mind. I had no one to talk to all day long, just a 5’ by 7’ room and a tiny little window to look out of.

So, when I was released from juvenile hall, I was far behind in school and no longer used to studying. I needed to get into school as soon as possible. But, I was released without a connection to another school, without transcripts and without a birth certificate or California ID. Still, not being enrolled also made me look bad in front of my judge. The judge and my probation officer told me I had to enroll fast or I would get violated and sent to camp. But, my judge and probation officer gave me no help to find a school, not even a list of options.

I went to my home school, and they said I couldn’t enroll, because I had been expelled the year before and because I was coming from juvenile hall. I searched for a school for months, and finally found a continuation school that would take me. But, by that time, it was already second semester. I was told I had to do twice as much work to catch up if I wanted to stay enrolled. During my first month, there was some tagging in the school, and even though I didn’t do it, the school suspected me because of my record. So, I was

suspended for two days, and when I returned, the school was being shut down for low enrollment. Once again, the school and my probation officer did not connect me to another school. But my PO did say I would get violated if I didn’t get enrolled.

I found out about the Youth Justice Coalition from an intervention worker I met in the community. Ever since I have been at the YJC, it feels that I found a school that understands me, and they push me to do well and offer a lot of help to improve my skills.

Finding an education shouldn’t be luck. It should be a right. Youth in the system should get more support to find and attend school. Instead, we are discriminated against and left on the street or thrown into schools that have no resources to teach us. It’s not surprising to me that 80% of the people in prisons across the United States have no high school diploma.

Francisco Martinez

My name is Francisco Martinez. I am a member of the Youth Justice Coalition. I am a youth who experienced solitary confinement, as well as witnessed other youth experience it. I was one of many at the Youth Justice Coalition who passed a county motion and state law to end the use of solitary confinement in California's juvenile halls, probation camps and ranches (aka county youth prisons) except for four hours or less, and only then after all other options have been tried.

I was only 17 when I experienced solitary confinement in LA County Juvenile Hall. At that age, experiencing solitary confinement was horrible, like an animal in a cage. The conditions were a small concrete dirty room. The walls were covered in dirt and dried up spit, smeared food, and tagging on the walls and bars of the bed and window covering. The mattress was so ripped up it felt as if I was laying on concrete or steel bars. We were kept in our boxers with a tee shirt, socks, and a thin blanket.

The cold from the air conditioning blowing 24-7 was worse for me because I have asthma. I had shortness of breath when I woke up until I went to sleep. When I had an asthma attack, I waited from morning until night to go to the medical unit. I was shaking and never able to get a good night's sleep.

Being in your room for so many hours without anything to read, nothing to write with, nothing to occupy your mind, you can't even escape to a fantasy world. Even that would help people a lot, but not having that is traumatizing.

I would have to pound on the door when I needed to use the bathroom. Sometimes, the staff ignored you. And it wasn't uncommon for people to pee into a sheet or into the corner of their room.

The reason they had me in solitary confinement was because they didn't have options for how to deal with people. Instead of having me do positive things, they had me in my room with my own thoughts of feeling hopeless, helpless, and scared. Feeling that was traumatizing to me.

I was getting high before I was locked up, and I also went into juvenile hall high. I went through withdrawals by myself and that made solitary even harder. They think being away from drugs is enough, but it doesn't fix itself. You need help to get through that feeling of wanting to get high.

Being let out of your room, even for a short while, was like having a huge weight lifted off my shoulders. My life could have been way different if they had something like drug and alcohol classes or communication classes on how to express yourself to family and friends. Instead, with me being antisocial and alone for so long, it was hard to know how to interact with people and start a conversation. You feel that it's not normal, or not right to be with other people.

What they should they do instead of solitary confinement is more programming, more positive things to do besides locking people down for days. I am a youth that experienced, first-hand, what solitary confinement does to you. I don't wish this on anybody.

Kenny Jr.

My name's Kenny Jr. I'm a member of the Youth Justice Coalition. What's happening to me today, struggling to find a steady job and stable housing, is the result of a domino effect that was set in motion generations ago. For decades, we've been neglecting one generation after the other, discarding our Black, Latino, and low-income youth and setting them on a track to failure.

As a student, I loved learning even though I never felt that my school was a place for learning. It looked and felt a lot like what I would later see as the inside of a prison. We were students, yet we interacted daily with armed guards who wore badges. We were students, yet instead of a verbal warning we got citations. We were young people with open minds, yet we only got a partial view of the world outside through the bars on our classroom windows.

School was the place where I was expected to sit quiet and not speak my mind. To follow rules that had nothing to do with learning about the world, about history, about appreciating the music that I love or about gaining the knowledge and skills that we all need to grow as people. By the time I got to high school, my mind was filled with pain and my emotions were easily triggered by what I saw happening around me.

I saw my fellow students project anger and fear onto each other. I understood why they felt threatened and in a state of alert at all times, because I felt that way, too. Maybe they didn't want to know, or maybe they didn't have the resources, but no one in my school wanted to look at what was beneath the surface. Why there were fights, why students didn't feel safe and secure, why they felt the need to bring a pocketknife or, even worse, a gun. I know because no one ever asked me.

In tenth grade, three weeks before the end of the school year, my school finally gave up on me. I had an outburst, my buttons were pushed, and I flipped the table I had been sitting on after having water thrown on me by another student. I did not touch or harm anyone. I didn't raise a single hand to that student. I flipped a table, and for that I was expelled.

As a result, everyone around me gave up on

me. I was pushed out and left behind, and I found myself trying to survive without the essential tools and skills that most people are equipped with to succeed in society.

The path that expulsion from my school set me on led me to a dark place. That place was homelessness, desperation, and, eventually, a one-way ticket to the LA County Jail. When I was left out on the streets, every day, every night, everywhere I went, only one question mattered "Where YOU from?" Not, how are you? Do you need anything? How can we help you?

What was I expected to do to survive? How was I supposed to find a place to sleep, food to eat?

I did what I could and knew because my role models were other young people who had also been left behind.

I was 18 when I first hit LA County Jail, and as an 18-year-old, a young person who had not yet seen much outside of their own neighborhood, life in jail was unforgiving.

Segregated, locked up, cramped and cold. Violence was the rule, not the exception, and it was institutional. School had already failed me, and from day-one, I learned that prison would be no different. I wasn't a student anymore, but here I was again, being taught lessons by armed guards with badges.

All of us here at the Youth Justice Coalition have our own stories. That's why we are standing up, uniting, and fighting back. We travel to Sacramento on a regular basis to write and push our own laws, including laws we have already passed to reduce suspensions, expulsions and policing in schools, and to end discrimination against youth returning home from juvenile halls, jails and prisons to re-enroll in school.

We need education, not incarceration!

Introduction

“The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them” (US Department of Health Human Services, 2001). Mental health disparities “have been attributed to an inadequate ability of publicly-funded mental health systems to understand and value the need to adapt service delivery processes to the histories, traditions, beliefs, languages, and values of diverse groups” (US Department of Health Human Services, 2001). The consequence of this is misdiagnosis, mistrust, and poor utilization of services by ethnically/racially diverse populations (Snowden, 2003; Takeuchi, Sue, & Yeh, 1995).

The overall under-provision of mental health care for YOC is in stark contrast to the high frequency of punitive sanctions imposed in response to psychiatric and behavioral problems. This raises the question, “What is driving this and to what extent is the mental health system colluding with the process?” Marrast, Himmelstein, and Woolhandler (2016) found a racial gap. Transgressions that often result in referral for treatment among White children generally result in criminal sanctions for YOC, and often lead to “in school punishment or incarceration, but rarely mental health care” (Marrast et al., 2016, p. 810). Even when YOC receive mental health care, the nuances of diagnosing and treating mental illness in a multicultural context may complicate management of their mental health needs (Marrast et al., 2016). Compounding the problem, psychotropic medications are overprescribed for court-involved children (Britton, 2016).

As practitioners, mental health professionals would do well to revisit their overemphasis on an individualized medical model, which limits their ability to understand, support and even change dynamic social processes that both protect and harm people (e.g., intersectionality, historical trauma, labeling theory, implicit bias). For YOC with complex trauma—exposure to multiple traumatic events at home and in their community—re-traumatization from incarceration or detention in out-of-home settings compounds their exposure to social and psychological harm. Their removal from home and school; loss of liberty, personal identity, support from family/friends; and unsafe JJ environment, becomes another traumatic event (Abrams & Terry, 2017). A medical model to treatment often misses this institutional traumatization, which is often at the core of collective trauma shared by YOC. It results in an incomplete analysis and view of incarcerated youth. Subsequently, they are more likely to be over-pathologized and inappropriately prescribed psychotropic medication. “The reduction of pathology (anxiety, anger, fear, sadness, destruct, triggers) doesn’t constitute well-being (hope, happiness, imagination, aspirations, trust)” (Ginwright, 2018). As Seligman (2018) notes, it mitigates against attention to the essential components of well-being (e.g., pleasant emotions, engagement and flow, relationships that are positive and supportive, meaning and purpose, and accomplishment) for its own sake.

The medical model of treatment also obfuscates the need to interrogate and intervene at all levels of practice (e.g., individual/family-focused, community-focused, and systems-focused). Systems change requires investigating and changing organizations/institutions, policies, laws, power structures, and equitable access to resources and opportunities that promote better outcomes for YOC. It is also a more effective and long-lasting way to impact the health of populations, individuals, families, and communities at-risk. In essence, the mental health system lacks a health equity frame (Pastor, Terriquez, & Lin, 2018).

A Health Equity Frame

Emerging as a flexible social movement frame that taps into a universal sense of health as a right, a health equity frame is critical to widespread acceptance of new healing and trauma-informed practices (Pastor, Terriquez, & Lin, 2018). For v, a health equity frame:

- “puts at the center of public policy discussions the fact that outcomes are unequal across groups” (Pastor, Terriquez, & Lin, 2018, p. 358)

- “considers the structural causes (such as poverty, racial discrimination, and homophobia) that contribute to unequal health and opens the door to considering broader issues such as equitable education and affordable housing.” (Pastor, Terriquez, & Lin, 2018, p. 359)

- “emphasizes indigenous cultures and ancestral teachings, values, and traditions by implementing healing

practices that seek to empower youth, formerly incarcerated men, and other community members to overcome trauma and become civic leaders.” (Pastor, Terriquez, & Lin, 2018, p. 359)

The mental health system is a poorly conceived configuration of interconnected elements that increase its potential to have a significant impact on racial and ethnic disparities in the JJ system. This can compromise mental health practice in terms of assessment, diagnosis, treatment, prevention, re-entry planning, case management, and ethnic-specific appropriateness of practices in these areas. For example, in the case of diagnosis, and evidence for misdiagnosis among YOC, several problems can arise related to mis-categorization, underdiagnosis, and overdiagnosis. In a systematic review of the literature, Liang, Matheson, & Douglas (2016) found evidence supporting the misdiagnosis of emotional and behavioral problems for YOC, but could not determine whether these were due to differences in psychopathology, mental health biases, and/or inaccurate diagnoses. They also argued for more research to help explain how culture and context may influence misdiagnosis. We argue that this tangled conundrum (i.e., mis-categorization, underdiagnosis, overdiagnosis, including assessment bias) contributes to JJ disproportionality for YOC through multiple pathways that have typically been underserved, unserved, and inappropriately served by the mental health system.

Consider the following examples which present differential pathways to JJ system involvement for YOC:

- Under-diagnosed + Unserved: A parent from an under-resourced community of color does not seek help for their child who is experiencing traumatic or acculturative stress for a variety of reasons, e.g., mental health stigma, lack of awareness and access to mental health services, etc.
- Mis-categorized + Underserved: A school psychologist assesses a YOC who is displaying symptoms of ADHD (e.g., inability to complete assignments or sit still in class, not seeming to listen when spoken to directly), as having challenges related to English as a Second Language and the youth is placed in an ESL classroom (and not linked with community resources to provide mental health education, guidance, and services).
- Over-diagnosed + Inappropriately Served: Both of the above examples, can lead to further impairment in school and home for YOC. This could mean

that when they do get connected to mental health services (as a result of suspension/expulsion from school), their symptoms may be so severe that they are diagnosed as oppositional defiant disorder or conduct disorder, even though the underlying problem is trauma related depression or anxiety, or untreated ADHD.

“And, plus, they send you to a school with a bunch of fools that’s been in jail also. Like that’s not cool. Everybody’s just gonna fuckin reminisce and brag about some shit...I just felt like I was being set up all the time.”
(Youth quoted in: Abrams and Terry, 2017, p. 47)

Biehl (2013) argues that the “...over-reliance on assessment, diagnosis, and incarceration—and failure to appropriately treat mental illness in the community—perpetuates the erosion of the social contract between offending juveniles and the society from which they feel alienated.” This erosion is fueled by conscious or unconscious bias from providers, who often lack cultural competence or cultural humility (Hook, Davis, Owen, Worthington Jr, & Utsey, 2013) and, thereby, increases the likelihood of misdiagnosis and poor quality of care. There is no shortage of research citing diagnostic bias and the likelihood of being under or unserved as a significant contributor to racial disparities in mental health. For example, Blacks are over-diagnosed as suffering from schizophrenia compared to Whites (Neighbors, Trierweiler, Ford, & Muroff, 2003), Latinx are over-diagnosed as suffering from depression compared to Whites (Minsky, Vega, Miskimen, Gara, & Escobar, 2003), and populations of color have been over-diagnosed as suffering from conduct disorder (Cameron & Guterman, 2007; Cuffe, Waller, Cuccaro, Pumariega, & Garrison, 1995; Fabrega, Ulrich, & Mezzich, 1993; Kilgus, Pumariega, & Cuffe, 1995). With or without diagnosis, Black males are 32% less likely to receive psychiatric treatment than White males (Baglivio, Wolff, Piquero, & Epps, 2015); they are more likely to be subjected to punitive school discipline policies, suspensions and expulsions, feeding the school-to-prison pipeline; and, they are less likely to receive appropriate mental health treatment following diagnosis (Mizock & Harkins, 2011; Pottick, Kirk, Hsieh, & Tian, 2007).

If adolescent offenders who need treatment services are not afforded them, it stands to reason that they would be at heightened risk of experiencing additional adversity such as continued offending as well as diminished success in other key life domains, principally education and employment, that are critical for positive development and success over the life-course.
(Baglivio, Wolff, Piquero, Greenwald, & Epps, 2017, p. 1425)

Baglivio et al., (2017), in their review of the literature, concluded that racial/ethnic disparities in psychiatric disorder diagnoses do exist and cannot simply be explained by differences in prevalence of such disorders. Among Native Americans and Alaskan Natives, the lack of studies on mental health disparities indicate a significant gap in our understanding for this issue in this population—“it is not known if practitioners accurately diagnose the mental health needs of American Indians and Alaskan Natives, nor whether they receive the same benefits from guideline-based psychiatric care as do whites” (US Department of Health Human Services, 2001, p. 93).

Snowden (2003, p. 239) argues that “practitioners and mental health program administrators make unwarranted judgments about people based on race or ethnicity. Inappropriate expectations lead to inappropriate decisions, actions, and reactions to clients of color because of their perceived membership in a single human category, ignoring other category memberships and other personal attributes.” Ultimately, stereotyping and miscommunication due to cultural issues, rather than appropriate clinical judgement, is not only at the root of the problem, but leads to costly mistakes, such as over-pathologizing Blacks and Latinos (Dana, 2002; Neighbors et al., 2003; Whaley, 1997). This widens the decisional net to incarcerate, given the presumed risk associated with “pathological” mental health status.

While the above may appear to conflict with previous observations, there are many explanations for how YOC are so failed and damaged by the mental health system,

and, in some instances, those reasons appear to be in conflict. For example, the tendency to pathologize YOC according to their mental health status leads to more incarceration. Concurrently, under-diagnosis can also lead to more incarceration. Both are true. These apparently contrary explanations reveal the many compounding ways in which the system negatively impacts YOC. This complexity is important because it means that a response to these systemic problems will need to be equally complex and nuanced.

Mental health professionals operating within current practice have been culpable in over- representation of YOC in the JJ system in the United States. This begins with the limited attention given to mental illness prevention and mental health promotion. While prevention is better than cure, scant attention and resources have been dedicated to developing effective, culturally appropriate prevention and early intervention (PEI) strategies and models for YOC. This contributes to the lack of access and availability of mental health care for YOC, as well as the need for more diversion programs in general, and diversion programs that include a mental health component. For example, among YOC, internalizing mental health needs such as depression, anxiety, etc. are more likely to go unmet relative to White youth, while greater attention is given to their externalizing behavior, e.g., oppositional defiant disorder and conduct disorder (Gudiño, Lau, Yeh, McCabe, & Hough, 2009). Further, White youth are at least twice as likely to receive diversion program options relative to YOC who are in conflict with the law (Puzzanchera & Hockenberry, 2018). Among juveniles who are arrested, Black juveniles are three times as likely (2.9:1, per 100,000 youths) to be processed and less likely to be diverted than White juveniles. Access to high quality PEI programs would be an effective measure to address and/or prevent emerging mental health problems and entrance into the JJ system for YOC.

Culpability includes disparities in provision of services by race. Rawal, Romansky, Jenuwine, and Lyons (2004), in an analysis of 473 system-involved youth in predominately detention and probation cases, found that although Black youth had higher levels of mental health needs, they were provided lower rates of mental health services. Garland et al., (2005), Herz (2001), and Teplin, Abram, McClelland, Washburn, and Pikus (2005) had similar findings. Ultimately, White youth needing treatment were twice as likely to be deemed in need of mental health services as Black youth in need of treatment (Rawal et al., 2004).

Culpability in the mental health system further extends to unchecked use of screening and assessment tools that have not been adequately validated across various ethno-cultural groups and contain biases that result in higher ratings of risk (CSG Justice Center Staff, 2016; Shepherd, 2016; Shepherd & Lewis-Fernandez, 2016). In JJ decision-making, risk assessment procedures contribute to racial disparities (Steinberg, 2008; The Annie E. Casey Foundation, 2006). For example, Black males are 40% more likely to be diagnosed with conduct disorder than Whites, while Black females are 54% more likely, even when controlling for trauma, behavioral indicators, and criminal offending. Black and Latino males are approximately 40% less likely to be diagnosed with a less severe diagnosis of ADHD than White males. The same can be said for “objective” factors like the number of prior referrals and age at first arrest, due to over-policing in communities of color. YOC are more likely to be arrested, so accurate risk assessment instruments predict exactly that, leading to higher risk scores for YOC, even if all subjective factors are omitted.

Subsequent harmful effects of clinician and assessment bias, and the misdiagnosis and over-diagnosis of YOC, magnify the mental health system's culpability with the criminalization and re-traumatization of these youth. Behavioral symptoms are often mislabeled as "conduct problems," resulting in unmet or inappropriate mental health care, justification for often unnecessary residential placement and confinement, and other negative consequences for YOC (Mizock & Harkins, 2011). The mental health field has a duty to assess and respond to emotional and behavioral needs of YOC with the same community-based, culturally anchored, and positive youth development approaches that are so often available to White youth.

"[The juvenile system] is built to incarcerate. It's not built to educate, it's not built to transform, it's not built to nurture it's built to confine you, it's built to oppress you, [and] it's built to cage you..."

—Michael Wilson,
Youth Justice Coalition (YJC)

Shaming practices lead to recidivism, inhibit rehabilitation, discourage treatment, and injure victims. Shame forces a downward redefinition of oneself; "the thrust of [shame's] aggression is to dehumanize." Shaming is public; its dehumanization and social demotion occurs when a shameful trait or act becomes "visible, and is exposed to others." Shaming sanctions may be psychologically debilitating. (Perlin & Lynch, 2018, p. 80)

Conduct Disorder is one of the more severe and stigmatizing diagnoses youth can receive, as it affects the outcome of treatment quality and appropriateness of services provided (Mizock & Harkins, 2011). In their study of 109 JJ clinicians, Rockett, Murrie, and Boccaccini (2007) found that clinicians gave higher ratings of risk for future criminality to adolescents with Conduct Disorder diagnoses. In other words, once labeled, clinical predictions about their recovery and prognosis are more pessimistic (Salekin, 2002). Ultimately, YOC experience more harmful outcomes following diagnosis of Conduct Disorder than White adolescents. We also know that it doesn't end there. The Conduct Disorder label increases the likelihood that they will be transferred to adult courts or be ordered to serve longer sentences (Pettila & Skeem, 2003). These young people will experience long-term effects from these mental illness diagnoses. "A diagnosis of a disorder can prevent juveniles from finding a job, having a family, and being successfully integrated back into society years, even decades, after serving their sentences" (Biehl, 2013).

These issues are particularly troubling given the well-documented health compromising effects of incarceration and the unsafe environment. This process begins fundamentally with shaming and demoralization within JJ institutions. "Regularly, juveniles are subject to shame and humiliation in all aspects of the legal system that relate to arrest, trial, conviction, and institutionalization, shame and humiliation that are often exacerbated in cases involving racial minorities and those who are economically impoverished" (Perlin & Lynch, 2018, p. 79). Among YOC, this shaming within the JJ system is not in isolation. They live in a society that has historically and routinely devalued them, stereotyped them, and under-resourced them. Perlin and Lynch (2018) further argue that shaming and humiliating policies "violate human rights law and constitutional law and fly in the face of therapeutic jurisprudence principles" (p. 79).

Culture and the consequences of a racialized society matter. Placement in the JJ system not only shames YOC. It represents one more traumatic event that exacerbates pre-existing stress symptomatology and experiences of oppression and racism. Initial law enforcement contact, arrest, and placement can be traumatic for YOC (Ford, Chapman, Hawke, & Albert, 2007; Hennessey, Ford, Mahoney, Ko, & Siegfried, 2004; Mahoney, Ford, Ko, & Siegfried, 2004; Steinberg, Chung, & Little, 2004). Damaging and debilitating practices such as restraint chairs, pepper spray, and solitary confinement are used as behavior management tools, often with the sanction of or with no professional consultation/objection from mental health professionals. Within this context, what counterbalancing effect, if any, can be found in terms of mental health practice within the JJ system? Given the lack of or superficial attention given to culturally-tailored treatment, "minimal" is the likely answer. Ultimately, we

know from classic mental health treatment effectiveness research that the therapeutic alliance established between clinician and client is essential in treatment engagement, retention, and outcomes. Without attention to culture and a client's exposure to racism and racial stress, how is this therapeutic alliance achieved? Hook et al., (2013) in four studies, provided evidence that client perceptions of their therapist's cultural humility, i.e., something distinct from an illusion of cultural competence, were positively associated with developing a strong therapeutic alliance. Additionally, clients' perceptions of their therapist's cultural humility were positively associated with improvement in therapy, and this relationship was mediated by a strong working alliance.

Unfortunately, to date, mental health professionals of color have not mounted a coordinated campaign to combat the inappropriate state of care in mental health services in the JJ system. In the absence of culturally relevant community mental health services and strategies, the JJ system has become the de facto provider of mental health interventions in many counties and jurisdictions, a task for which it is ill-equipped. Not only is there a dearth of research describing and providing inferential evidence of the harmful impact of incarcerating YOC, there is also a lack of systematic investigation and utilization of culturally-grounded, community-defined models of prevention, early intervention and treatment for youth and their families.

CONTEXT, RACE, & CULTURE

Mental health treatment typically consists of discrete psychotherapy sessions that take place in a therapist's office, with an emphasis on verbal interactions in the context of an assumed supportive, professional relationship. From this perspective, psychotherapy is culturally situated, reflecting Western values and social norms emerging from its European historical and cultural origins (Abe, et al., 2018). What resonates with culture, values, and social norms of communities of color does not necessarily follow the parameters of Western mental health treatment. The degree to which Western treatment accounts for the influence of extant stress levels within a community (e.g., housing, employment, recreational space, quality of education, crime), is arguably minimal. A community environment affects not only the allostatic load of an individual but of the allostatic load of a collective community as well. Allostatic load or overload refers to the wear and tear on the body and brain that result from being "stressed out" (McEwen, 2005). It results from the long-term wear and tear effects on the body of continued exposure to chronic stress. While the original model focused on individual level processes, its corollary can arguably be found at the community level. This community-level allostatic load influences the mental health, well-being, and behavior of individuals, and how an entire community responds to stress and relates to one another.

Reducing Allostatic Load and Overload

High allostatic load can be reduced and managed, but this requires more than individual or group psychotherapy. It requires paying attention to structural and behavioral factors. Structural factors include social environment and access to appropriate health (including mental health) services.

Societal polarization associated with racism, classism, sexism etc., should be reduced to manage allostatic load, and an emphasis on empowerment ensures both the management of allostatic load and an improvement in health by allowing people to gain control and improve their psychological health. These, coupled with increased support from the community and social environment can have a positive effect

on reducing high allostatic load and consequent negative effects on the body (Kristenson, Eriksen, Sluiter, Starke, & Ursin, 2004).

Efforts to create cleaner and safer environments and incentive to promote higher education will reduce the chance of stress and improve mental health significantly and reduce the onset of high allostatic load (Juster, McEwen, & Lupien, 2010).

Finally, race influences not only the color of justice, but also the color of mental health services, e.g., in the form of implicit bias, before entry into and within the context of detention and placement for YOC. This adds yet another layer of compounding factors that compromise the quality and quantity of prevention, early intervention, and treatment for YOC, including working to change conditions that impact youth health and well-being. In fact, treatment for mental illnesses reported by adjudicated youth, in general, and YOC in particular, varies from moderate to nonexistent, coupled with significant racial disparities in both access to and quality of care (Burriss, Breland Noble, Webster, & Soto, 2011).

Using a framework that assesses both a youth's individual and community allostatic load, and role of racial factors/experiences in the life of this youth, can be useful for mental health practitioners to support their health and well-being at the individual, community, and systems level.

The Importance of Disaggregating Data for Racial and Ethnic Groups

One important consideration for the JJ system is access to and analysis of more nuanced data—that is, disaggregated data, particularly for racial and smaller ethnic groups who otherwise would not be distinguishable. For instance, while Asian and Pacific Islanders (API) are often stereotyped as “Model Minorities” with high academic attainment and very little exposure to the criminal justice system, research finds that for some API ethnic subgroups, youth arrest and incarceration rates vary greatly. For instance, Samoan, Laotian, and Vietnamese youth have higher arrest rates than other API sub-groups

(Brave Heart, Chase, Elkins, and Altschul (2011); Chatterjee (2017); (National Council on Crime and Delinquency, 2007b).

A study from San Francisco in 2006 reported that Samoans had the highest arrest rate of any racial/ethnic group, at 140 arrests per 1,000 people, and were 11 times more likely to be arrested than White youth. In the same study, Southeast Asians had the next highest arrest rates, including Cambodians (63 per 1,000), Laotians (52 per 1,000), and Vietnamese (28 per 1,000 people) (Mayeda, 2010). Regarding incarceration, Native Hawaiian boys

in Hawai'i represented over half of those in the juvenile justice system (53%), despite Native Hawaiians comprising only 30% of the total population (Mayeda, 2010). American Indian/Alaskan Native tend to be lumped into artificial categories, such as “non-White” and “other” when reporting statistics about behavioral risks, health disparities and incarceration rates (Holm, Vogeltanz-Holm, Poltavski, & McDonald, 2010), which leads to under-reporting.

Juvenile Justice by the Numbers

Matters of race, context, and social class reveal the crisis of disproportionate YOC contact and confinement in the JJ system. With such clear evidence that something is terribly wrong, the system plods on, uninterrupted.

“There are so many ways people of color are negatively impacted by being invisible within mental health. And regardless of the specific details, the impact can make our mental health even worse. This won't change until we're invited to the conversation, invited without caveats about what we should or shouldn't say.” (Chatterjee, 2017)

- For YOC living in impoverished communities, experiences of trauma are more prevalent than for other youth (Caetano, Schafer, & Cunradi, 2017; Henning, 2012).
- While most young people are allowed to grow out of behavioral problems, Native youth are more likely to be arrested and detained than their white peers. Association on American Indian Affairs, 2018, p.11).
- Previous traumatic experiences for system-involved youth increase the likelihood of further delinquency and perpetration of violence (Bruce & Waelde, 2008; Day et al., 2013; Duke, Pettingell, McMorris, & Borowsky, 2010).
- Black youth are five times more likely to be incarcerated, while Latinx and American Indian/Alaska Native (AI/AN) youth are two to three times more likely to be placed in a juvenile residential placement than White youth (Sickmund, Sladky, Kang, & Puzzanchera, 2013).
- Black youth are more than five times as likely to be confined as their White peers, while Latinx youth are nearly two times as likely, and American Indian youth more than three times as likely to be confined (The Annie E. Casey Foundation, 2018).
- AI/AN girls are 40% more likely to be referred to a juvenile court for delinquency, 50% more likely to be detained, and 20% more likely to be adjudicated than White girls (Sickmund et al., 2013).
- Approximately one in four incarcerated juveniles suffer from a mental illness so severe it impairs his or her ability to function as a young person and grow into a responsible adult (Hammond, 2007).

- Filipino and Vietnamese youth comprise a large portion of juvenile felony arrests in California, 10% and 7% respectively (Sickmund et al., 2013).
- In California, Blacks and Latinos account for 63% of the children detained in juvenile facilities (Chatterjee, 2017).
- 80% of incarcerated juveniles have at least one diagnosable mental health disorder, including situational depression and anxiety triggered by incarceration (Underwood & Washington, 2016). It is important to note that some youth are incarcerated because they have mental health problems, but others develop mental health problems *because they are incarcerated*. Both conditions are problematic and need to be addressed but they reflect different issues.
- In the San Francisco Bay Area, Samoan youth had the highest rates of arrests of any ethnic group, followed by Blacks, Laotian Americans, and Vietnamese Americans (Tang, Um, & Umemoto, 2001).

School to Prison Pipeline

A majority of youth in the United States are affected by the criminalization of education. The mechanics of this system manifest in the form of security guards, school resource officers, security cameras, inflexible discipline codes, and subsequent school punishment rigidity (U.S. Department of Education, 2014). This punitive environment is harmful for students' learning environment, socio-emotional development, and overall school climate (American Psychological Association, 2008; Bracy, 2010). Policies that encourage police presence at schools, harsh tactics including physical restraint, and automatic punishments that result in suspensions and out-of-class time are huge contributors

to the school-to-prison pipeline, but the problem is more complex than that. This is because the pipeline starts and/or is best avoided in the classroom. When combined with zero-tolerance policies, a teacher's decision to refer students for punishment can mean they are pushed out of the classroom and much more likely to be introduced into the juvenile justice system. The school-to-prison pipeline contributes to high arrest rates for YOC.

According to the U.S. Department of Education (2014), students of color are disproportionately suspended from class (3.6 times more likely than White children to receive one or more out-of-school suspensions), starting

as early as preschool. This pattern continued in K-12, where students of color were 1.9 times more likely than White students to be expelled from school without educational services and 2.3 times more likely to be disciplined through involvement of officers, such as a school-related arrest. Furthermore, race and ethnicity are not the only factors that contribute to high rates of student discipline. For example, students with disabilities who are served by the Individuals with Disabilities Education Act were twice as likely to receive one or more out-of-school suspensions, and 67% of them underwent restraint and seclusion.

“The juvenile justice system affects young people...it deprives you in the sense of your security and strips your identity... to make you a number or they call you a ward. In most cases you're not even referred to by your name.”

—Phillip Lester (YJC)

Further, the JJ system is aided and abetted by the education system serving as a conduit in the school-to-prison pipeline. Within the context of disciplinary policies and practices, schools essentially criminalize youth by pushing them out of the educational system and into the juvenile and criminal justice system (Cole, 2018).

- Within the education system, Black and American Indian students are punished more frequently and more harshly for the same, mostly minor, offenses than are White students (Losen, 2011).
- Nationwide, Black students comprise only 16% of the student population, but represent close to a third (31%) of school-related arrests (US Department of Education Office for Civil Rights, 2014). Once suspended, they are more likely to experience multiple suspensions (comprising 42% of students suspended multiple times).

- 70% of students referred to law enforcement or who experience school-related arrests are Black and Latinx youth (Cole, 2018).
- Once expelled or suspended from school, students are less likely to complete high school, are two times more likely to be arrested while out of school (Schept, Wall, & Brisman, 2014), and within the year of expulsion or suspension, more likely to come into contact with the JJ system (Fabelo et al., 2011).
- While only 18% of total preschool enrollment, nearly half of all preschool students suspended are Black. American Indian children also face inflated suspension rates, representing 2% of out-of-school suspensions—four times greater than the percentage of total enrolled American Indian students (US Department of Education Office for Civil Rights, 2014).
- With the exception of Asian and Latinx youth, students with disabilities are more likely to be expelled or suspended “more than one out of four boys of color with disabilities... and nearly one in five girls of color with disabilities receives an out-of-school suspension” (US Department of Education Office for Civil Rights, 2014).

YOC cannot help but feel targeted by the JJ system as a result of differential treatment at all levels (police, schools, juvenile court, juvenile detention, etc.), leading to their greater involvement in the system. Even before the system casts its net to ensnare them, American society violated its social contract of equality, opportunity, justice, safety, and full citizenship, what could be called the many faces of societal-inflicted trauma on YOC. Some have referred to this unsettling social reality as a “war on youth, a war that not only attempts to erase the democratic legacies of the past, but also disavows any commitment to the future” (Giroux, 2008, p. 1) and American incarceration as “torture factories” (Davis, 2011). Broken contracts and torture factories have become essential ingredients of a trauma-exposed existence for YOC. That they have not totally succumbed to these forces is a testament to their resilience, which often goes unseen.

Trauma

The JJ system in the U.S. is embedded with systemic racism. Its policies and practices reinforce social control, criminalization, and incarceration of traditionally marginalized people of color. In its methods and practices, normalizing their involvement with the system alters youths’ bodies, minds, identities, and lives. Youth may carry the effects of this conditioning well down the road into adulthood, i.e., long-lasting consequences.

“...It leaves you traumatized, and some people can’t be locked up in a closed space for too long.”

—Angelo Wright (YJC)

In the first longitudinal study on traumatized children, Terr (2008) posits that, “trauma occurs when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind” (Terr, 2008, p. 8). Trauma can occur at the level of individual youth, family, or community, with each presenting different symptoms of the assault (Figure 2).

For youth and communities of color, continued exposure to trauma is often multigenerational, i.e., historical, cumulative, and transferred to subsequent

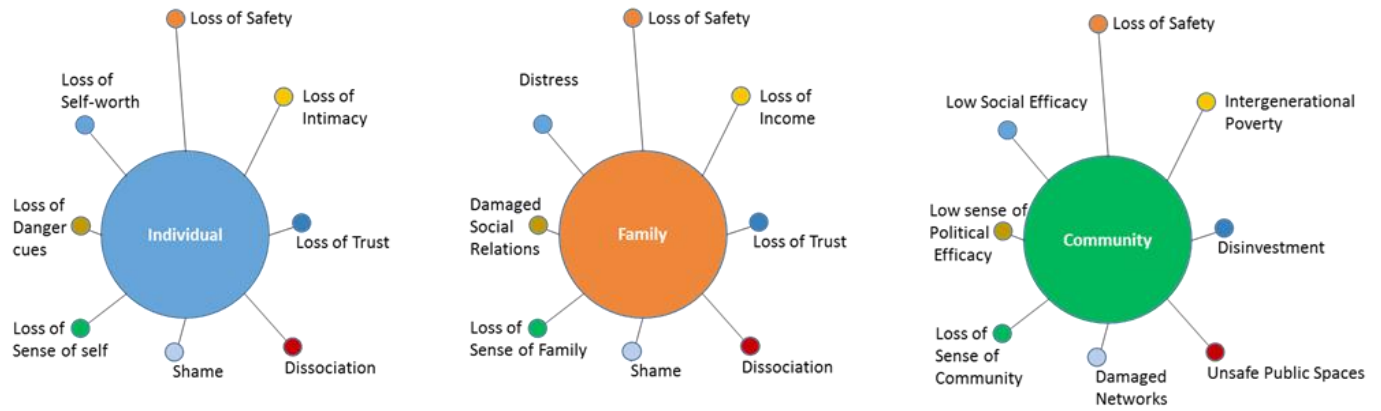


Figure 2
Symptoms of Trauma: Individual, Family, and Community

generations (Brave Heart & DeBruyn, 1998; Grills, Aird, & Rowe, 2016). Not only is trauma multigenerational, it is current and exacerbated by episodic and chronic stress.

Victims of chronic or cyclical trauma and stress from structural violence often suffer from a multitude of mental and physical disorders. This includes disruption to core capacities such as self-regulation in the face of stress, disruptions to the social nervous system with consequences for interpersonal relatedness, and short and long-term social development. Trauma negatively impacts the body, producing acute and chronic physical and mental consequences (Cassel, 2017; Cooke et al., 2017; Lovallo, 2015; McFarlane, 2010; Center for Substance Abuse Treatment, 2014; Raposa et al., 2014; Sandler, 2015).

Consistent with the mental health disparities in the general population of AI/AN persons, the AI girls in one study, regardless of sexual assault (SA) history, entered the detention facility with a wide range of mental health needs. More than half had at least one-lifetime mental health diagnosis. Of the girls who reported a history of SA, approximately two-thirds had one or more lifetime mental health diagnoses compared to half of those who were involved in statutory assault with no reported SA history. Of interest was the inconsistency of diagnoses assigned to individuals. Many of the diagnoses changed between admit and discharge. This may be due to the variability in diagnosis between community clinicians and corrections personnel (Rouse et al., unpublished).

Community well-being is also compromised. Disinvestment in communities of color creates social conditions such as over-policing, failing schools, and complex trauma exposure. Racialized policies and practices destabilize communities of color, prevent them from meeting their basic needs (Peña, 2011), and place people living in these communities in a perpetual cycle of disinvestment, poverty, structural violence, community violence, oppressive police and criminal justice system (CJS) practices, racialized trauma, and demoralized schools (Rogers & Terriquez, 2013).

It is no surprise, then, that in the U.S., communities of color suffer from some of the highest rates of life-time trauma experiences, including interpersonal violence (Caetano et al., 2017), child abuse and neglect (Lanier, Maguire-Jack, Walsh, Drake, & Hubel, 2014), poor health (Barr, 2014), and an ongoing barrage of negative stereotypes and micro-aggressions that disparage and undermine quality of life, well-being, and integrity of neighborhoods.

As many as 90% of all youth in conflict with the law and JJ involvement have experienced some sort of trauma in their early childhood (Gibson, Leve, Marsiglio, & Chronister, 2014; Bennett, Modrowski, Chaplo, & Kerig, 2016; Robst, Armstrong, & Dollard, 2017; Yoder, Whitaker, & Quinn, 2017; Dierkhising et al., 2013; White, English, Thompson, & Roberts, 2016). This relationship between child maltreatment and justice involvement holds across gender and ethnicity (Crosby, 2016). Other forms

AI/AN Youth

“The socio-economic, physical, psychological and emotional issues facing Native youth are significant and pressing” (Association on American Indian Affairs, 2018, p 22).

AI/AN youth suffer disproportionately precursors to delinquency, including poor health, poverty, low educational attainment, violence, depression, and substance abuse (West et al., 2012).

AI/AN youth are more likely to die before they reach adulthood; die an accidental death; die as the result of a homicide or complete suicide; be placed in court-ordered foster care or in federal custody; experience violent victimization; and drop out of school when compared to youth in any other ethnic group (West et al., 2012; National Indian Child Welfare Association, 2011). AI/AN youth also demonstrate elevated

rates of past month cigarette use, marijuana use and non-medical use of prescription drugs (SAMHSA, 2011).

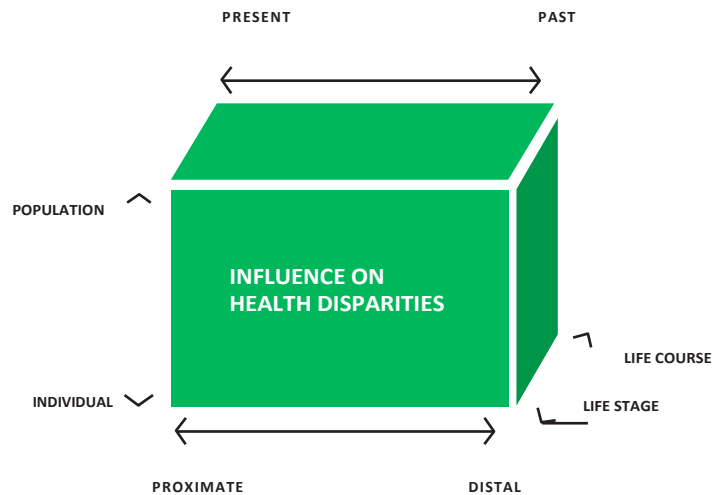
of trauma exposure, beyond child maltreatment, such as community violence, domestic violence, and traumatic loss, have also been linked to delinquency and justice system involvement (Foy, Ritchie, & Conway, 2012; Kerig, Ward, Vanderzee, & Moeddel, 2009; Wood, Foy, Layne, Pynoos, & James, 2002). What have not been adequately examined are validity and reliability of assessment, evaluation, and diagnostic processes used to arrive at these associations. Neither have the dimensions of resiliency and protective factors that help mitigate these outcomes within specific ethno-cultural groups of young people.

If, in fact, evidence of the correlation between trauma exposure and JJ involvement can be considered reliable and valid, it raises a new and troubling question akin to critiques levied against the criminalization of drug addiction. Are we criminalizing trauma exposure and its sequelae among YOC? Do systemic practices such as requiring justice-involved youth to attend alternative schools hasten their involvement in the system? For example, in Los Angeles County, youth who are on probation or house arrest are all too often barred from mainstream public schools and sent to probation alternative schools. In theory, these alternative schools are designed to provide an educational pathway for troubled students, but, in reality, they often place youth at risk for further problems with law enforcement (Abrams and Terry, 2017). Poor-quality child welfare placements are another source of troubling systemic practice for YOC. Placement of YOC in child welfare group homes contribute to reactive behaviors, like running away, that increase instability, disadvantage, and yet another pathway into the JJ system and gradual criminalization of foster youth. We must rethink social policies that criminalize youth for running away from foster care. What if running away was a signal of a young person’s distress rather than a trigger for a trip to juvenile hall (Abrams & Terry, 2017)?

Also, not adequately examined in psychology or psychiatry is the role of historical trauma in the presentation of behavior and emotional functioning of YOC. As illustrated in Figure 3, this is a complex process with many points of potential targets, i.e., individuals to an entire population, and time frames, i.e., the present to the past and life course impact from proximal to distal.

Among historically oppressed people of color, historical trauma is equivalent to soul wounding. In other words, the core of one’s humanity and existence is assaulted. This wounding contributes to intergenerational exposure to stressors and contemporary chronic strains (Walls, Hautala, & Hurley, 2014). This is an important factor in the

Figure 3.
Historical Trauma



Historical trauma is:

“Cumulative trauma—collective and compounding emotional and psychic wounding—both over the life span and across generations...historical unresolved grief involves the profound, unsettled bereavement that results from generations of devastating losses which have been disqualified by [society’s] denial of the magnitude of its genocidal policies” (Brave Heart et al., 2011).

For many communities of color, historical trauma has been linked to many behavioral health and juvenile justice concerns. For instance, studies have found a significant correlation between historical trauma and substance use among Native Hawaiians (Pokhrel & Herzog, 2014) and Native Americans (Brave Heart & DeBruyn, 1998). Other scholars have cited how microaggressions, or everyday forms of racial discrimination or bias, are triggers for historical trauma or prior instances of overt discrimination (Nadal, 2018).

accumulation of a community’s allostatic load because it also influences how a community collectively responds to intergenerational stress. In this context, both anomie, i.e., a breakdown in the social bonds between an individual and the community, and an existential crisis such as questioning whether one’s life has meaning, purpose or value can set-in such that even the will to live is compromised. For example, among AI/AN youth, suicide rates are up to six times higher than the general population (Walls et al., 2014). Among Black children, between 1993 and 2012, suicide rates nearly doubled (Bridge et al., 2015).

- Suicide is the third leading cause of death among Latinx youth (Duarté-Vélez & Bernal, 2007).

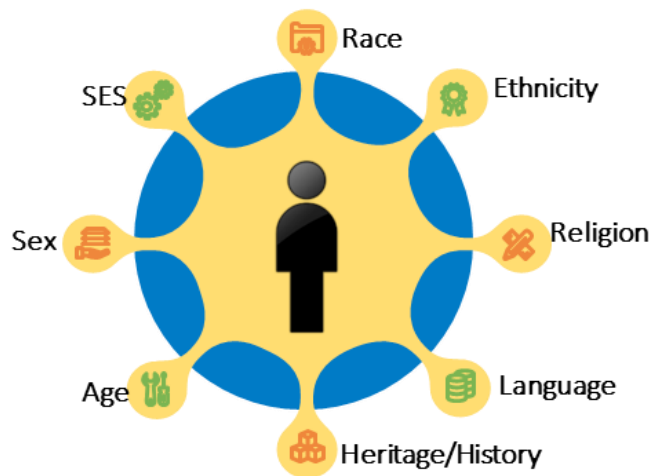
“The present was an egg laid by the past that had the future inside its shell” (Hurstson, Z. N., 2008). Present-day suicide rates, incarceration rates, substance abuse, etc. among YOC must be understood in the context of patterns of assault and oppression established in prior generations. As noted previously, some causes of collective historical trauma include, but are not limited to, socio-historical events such as forced boarding schools, slavery, colonialism, genocide, war, and other forms of structural and individual racism. For example, Black people have been violently marginalized throughout U.S. history, without any periods of relief from enslavement to Jim Crow laws, to present-day mass incarceration, underemployment, substandard housing, and education. The link between enslavement and mass imprisonment manifests as overt and systemic harm to the bodies and minds of Black youth in the U.S. (Alexander, 2012). Within and beyond the JJ system, how is this understanding of historical and collective trauma reflected in current mental health assessment, diagnosis, prevention, early intervention or treatment?

Intersectionality

Intersectionality (Figure 4) posits that multiple social categories intersect at the micro level of individual experience. Each person has a distinct collection of identities, i.e., gender, race, ethnicity, class, etc., and the intersection of these identities inform sense of self, behavior, and can be the object of multiple forms of oppression that influence health vulnerabilities, behaviors, and illness experiences (Kuyper & Wijsen, 2014; Mumtaz, Shahid, & Levay, 2013; Thomeer, Umberson, & Pudrovska, 2013; Vlassoff, 2007). Applying an intersectional lens encourages us to consider the intersecting effects of racial oppression (Crenshaw, 1991), gender discrimination (Logie, James,

Tharao, & Loutfy, 2011), and other systemic inequalities, e.g., gender identity, social class, zip code, that contribute to social identity, life chances, and how individuals navigate the social world; all of which affect a person’s mental health and their journey through the JJ system (Bastos, Faerstein, Celeste, & Barros, 2011; Hankivsky, 2011; Seng, Lopez, Sperlich, Hamama, & Meldrum, 2012; B. D. Wilson, Okwu, & Mills, 2011).

Figure 4
Intersectionality



For example, an intersectional approach illuminates how sexual orientation, gender identity, and race/ethnicity intersect to create uniquely harmful experiences for LGBTQ YOC in the JJ system. An estimated 300,000 LGBTQ and gender non-conforming (GNC) youth are arrested and detained every year, and more than 60% are Black or Latino (Moodie-Mills, 2012). In a survey of 1,400 detained youth across seven jurisdictions, 20% self-identified as LGBT, and 85% identified as YOC (Irvine, 2010). Black LGBTQ/GNC youth are overrepresented in the juvenile justice system (Bishop & Frazier, 1988; Irvine, 2010; Katz, 2014; Majd, Marksamer, & Reyes, 2016; Moodie-Mills, 2012; Nicholson Crotty, Birchmeier, & Valentine, 2009; Osher, Woodruff, & Sims, 2002; Pope & Feyerherm, 1995; Robinson, 2017; Snyder, 1999).

While incarcerated in JJ institutions, LGBTQ/GNC YOC are more likely to face brutal physical, emotional, and sexual assaults, along with prolonged periods of segregated isolation (Majd et al., 2016) including sexual assaults from peers and detention staff. For example, LGBTQ/GNC youth report a significantly higher rate of youth-on-youth sexual victimization (10%), compared with non-LGBTQ youth (2%) (Beck, Cantor, Hartge, & Smith, 2013). Some reports suggest that staff turn a blind eye to incidents of sexual assault and abuse against LGBTQ/GNC youth due to perceiving same-sex and GNC identity as an invitation for sex (Majd et al., 2016; Moodie-Mills, 2012).

Physical, emotional, and sexual assaults in juvenile detention against any child is inexcusable and can cause distress and trauma. Again, as with prior topics in this report, these issues prompt the question: Within and beyond the JJ system, how is this understanding of intersectionality reflected in current mental health assessment, diagnosis, prevention, early intervention or treatment?

Intersectionality for YOC in the Juvenile Justice System

At A Minimum We Should Know That:

- Up to 20% of youth in juvenile detention facilities identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) (Irvine, 2010).

- Eighty-five percent of incarcerated LGBTQ youth are YOC (The Annie E. Casey Foundation, 2015). LGBTQ youth of color may be at risk for multiple mental health issues, given that one in five incarcerated LGBTQ youth report being sexually victimized in juvenile detention centers, in comparison to one in ten heterosexual youth; 13% report being sexually victimized by their peers, in comparison to 1% of heterosexual youth (Beck, Harrison, & Guerino, 2010).

- Compared to heterosexual youth, LGBTQ youth are more likely to have experienced child abuse, foster and group-home placement, and homelessness (Irvine, 2010).

- LGBTQ-YOC report profiling, harassment, and other forms of discrimination by police officers (Stoudt, Fine, & Fox, 2011).

- LGBTQ-YOC who experience discrimination in the criminal justice system may be at risk for mental health issues, as a result of their experiences with racism, heterosexism, sexism, transphobia, or a combination of all four.

- Because of manifold forms of discrimination, many LGBTQ-YOC may view the criminal justice system as unfair, unsafe, or overtly biased, which may result in multiple mental health issues.

Racial Bias and Adulthood

People of color are overly subjected to automatic negative stereotypes and prejudice (Devine, 1989), and this is especially the case for young Black men who are often viewed as violent, threatening, or criminals (Allport & Postman, 1945; Correll, Park, Judd, & Wittenbrink, 2002; Correll, Wittenbrink, Park, Judd, & Goyle, 2011; Duncan, 1976; Eberhardt, Goff, Purdie, & Davies, 2004; Hugenberg & Bodenhausen, 2004; James, Vila, & Daratha, 2013; Payne, 2001; Sagar & Schofield, 1980). The very idea of crime raises old and new racial fears. Crime is racialized and race is criminalized. In our current racialized American society, a social issue becomes identified with a racial group, and then an entire group of people become the problem rather than recognizing the central role of structures, systems, historical processes, and distribution of resources that create, frame, and maintain the social problem. For example, regardless of actual rates of drug use, drug use is associated with Black people. For a more detailed illustration of this dynamic one could read Carl Hart's book (2013) "High Price." Correctional institutions do not challenge this ideology. In fact, their structures perpetuate racism in their policies, procedures, and practices. For example, law enforcement agencies disproportionately allocate directed patrol missions within communities of color, necessitating more police contact with youth and adults of color.

Essentially, we are dealing with manifestations of implicit bias, i.e., attribution of specific qualities/characteristics to members of certain social groups where perceptions, attitudes, and stereotypes operate without conscious intention (Figure 5). In a study on implicit racial bias, J. P. Wilson, Hugenberg, and Rule (2017) found that across a range of different stimuli, non-Black participants showed a consistent and strong bias towards perceiving young Black men as larger than and more capable of harm than young White men. In another study, people showed bias towards perceiving danger when none existed, such as in decisions to shoot unarmed Black men in first-person shooter simulations (Correll et al., 2002; Plant, Goplen, & Kunstman, 2011).

Figure 5
Implicit Bias



Implicit bias applies to children and YOC as well as adults. Goff et al., (2014) found that Black boys are often seen as older than their true age and more culpable for their actions than their White peers. For example, Black boys were misperceived as older, relative to peers of other races. They also found that exposure to racist imagery predicted actual racial disparities in police violence toward children. Participants who were primed with dehumanizing associations of Black people showed a reduced belief in the distinction between Black children and Black adults, which led to decreased perceptions of innocence of Black boys and girls in particular. These findings demonstrate that dehumanization of Black people predicts both racially disparate perceptions of Black youth *and* racially disparate real-world police violence toward Black children. Knowing this can help us better understand disproportionate YOC contact and confinement, misdiagnosis and over-pathologizing, and harsher disciplinary practices against youth ensnared in the system.

Adultification and criminalization of YOC create a double-standard in which White children's offenses are minimized while YOC offenses are magnified. This sends a powerful message that children and adolescents of color are, de facto, the "problem" rather than recognizing their status as a group under assault from racial and socioeconomic discrimination (Dancy, 2014), and living in a society where there is the assumption of White innocence and Black/Brown guilt (Johnson & Johnson, 2014). A growing number of studies emphasize the devaluation and adultification of YOC in our society, and stress the importance of community-based, culturally sensitive interventions to offset the school-to-prison pipeline (Burton, 2001; Ferguson, 2010; Kolhatkar, 2014; Morris, 2007).

The influence of implicit bias cannot be emphasized enough. It can, and often does, influence every decision point in the JJ system.

“While public attention has tended to focus on the disproportionate number of YOC in confinement, this overrepresentation is often a product of actions that occur at earlier points in the juvenile justice system, such as the decision to make the initial arrest, the decision to hold a youth in detention pending investigation, the decision to refer a case to juvenile court, the decision to waive a case to adult court, the prosecutor’s decision to petition a case, and the judicial decision and subsequent sanction.”

(National Council on Crime and Delinquency, 2007a, p. 1)

There is no basis for any assumption that current rates of disproportionality in any of these decision points is the result of inherent deficits, problems, or inadequacies of character, morality, mental health, intellect or judgment of YOC. Rather, as the Gilliam, Maupin, Reyes, Accavitti, & Shic (2016) study suggests, we should rather explore more deeply the role of implicit bias. In a study of preschool expulsions and suspensions and teacher implicit bias, findings revealed that when expecting challenging behaviors, teachers gazed longer at Black children, especially Black boys, and this was magnified when the race of the student and the teacher were different. The time has come to move beyond the era of victim blaming. Instead, mental health and JJ systems must examine and understand structural, systemic, cultural and historical factors that are root causes of these rates of disproportionality. In so doing, then, perhaps the tide can shift from a myopic focus on downstream interventions that focus almost exclusively on individual risk factors and behaviors to one that examines structural forces and social determinants of health and well-being that affect population health more than individual behavior and quality of intervention (Braveman, Egerter, & Williams, 2011; Marmot, 2017). Consider, the following examples in four key JJ system decision points - policing and arrest, pre-trial detention, adjudication, and sentencing that raise the question: What is occurring upstream that we see these downstream rates? While not an exhaustive discussion of critical junctures in the JJ (e.g., adjudication, disposition, and prosecuting youth as adults are discussed collectively), the decision points listed provide a useful illustration of the multitude of trials and tribulations faced by YOC.

DECISION POINT: Policing & Arrests

- Native youth are more likely to be arrested and referred to courts, and are four times as likely as White youth to be detained (Association on American Indian Affairs, 2018, p. 11).
- Black youth in conflict with the law were 129% more likely to be arrested than White youth according to the National Disproportionate Minority Contact Datebook, 2013 (Puzzanchera, Sladky, & Kang, 2015).
- According to The Sentencing Project, while juvenile arrest rates fell 34% from 2003 to 2013, Black youth arrest rates during this period grew by 24%. They note that Black teens are far more likely than their white peers to be arrested across a range of offenses (and not due to any differences in violent offending), a vital step toward creating the disparities in commitment rates (Rovner, 2016).
- In relation to school criminalization, nationally, Black students are referred to the principal’s office for infractions that are less serious and more subjective in their interpretation than White students (Skiba, Michael, Nardo, & Peterson, 2000).

“Arrest part was traumatic... I was young, and the charge they were trying to make it seem like I escalated the whole situation. It was a fight at school and they arrested me, took me down.”

—Leshay Jones (YJC)

- According to data from the U.S. Department of Education Office for Civil Rights (2014), Black students are 16% of all public school students, but 31% of all arrests.
- Black children make up 18% of preschool enrollment and 48% of suspended preschoolers (U.S. Department of Education Office for Civil Rights, 2014).
- In California, Latinx youth, who represent 51% of the youth population in CA, make up 54% of all the total arrested youth (California Department of Justice, 2015).
- Montana Department of Corrections 2015 Biennial Report 2015 found that AI/AN youth made up one in five arrests, but they are only 7% of the state’s population.
- Samoan youth in Oakland, CA had the highest arrest rates (140 arrests per 1,000) compared to any other ethnic group. Compared to White youth, Samoan youth were 11 times more likely to be arrested (Underwood & Washington, 2016).

“When I first got in the system, my mom used to tell me ‘Stop acting up or I won’t be able to come see you’ and I said ‘Okay, I don’t understand. I’m not acting up, I just want my mom,’ you know. And, I don’t understand to this day what I was doing but, obviously I was doing something...”
(Youth quoted in Abrams and Terry, 2017, p. 37)

The processes of when, where, and how, of an arrest may traumatize and affect mental health status of youth in conflict with the law. Cyclical traumatization and re-traumatization occurs throughout each process in an arrest (Wilson et al., 2013). These cyclical traumas begin as generalized feelings of vulnerability, powerlessness, loss of control, and low self-esteem during an arrest, and inevitably lead to heightened emotional reactivity for youth being arrested. Ultimately, YOC attempt to reduce distress through coping or avoidant coping mechanisms, denial, submission, and hostility. They also are perceived in stereotypic ways that often lead to them being characterized as defiant, brash, insolent or disrespectful. This is now systematized in a number of widely used risk assessment instruments that include “attitude toward authority” or “attitude toward juvenile justice system” as a risk factor. YOC receive points marked against them for having rational reactions to a fundamentally racist and biased system. This sequence of reactions to the trauma of arrest becomes a cycle and contributes to potentially unhealthy outcomes as youth try to understand their situation and navigate the when, where, and how of their arrest. How are these generally traumatizing responses to arrest understood within the context of a racialized existence faced by YOC that may include multigenerational trauma, implicit bias, lack of cultural grounding to establish a cross-racial therapeutic alliance, racial microaggressions, intersection of multiple oppressed identities, and implicit bias?

DECISION POINT: Pretrial Detention

“Alright, this guy comes to my court room and he’s probably Black, but he’s light-skinned and he’s from Brentwood.”
...and [the judge is] like,
‘Oh, well this is just a young man that made a wrong decision.’
But then they get this other Black guy and they’re like,
‘Oh, no he’s for sure from the hood.’
So they’re like he’s menace”

—Jose Aguilar (YJC)

- Lower socioeconomic status increases the likelihood that YOC receive pretrial detention (Griggs, 2014). In this instance, one should not assume that poverty trumps race. Rather, in a racialized society like the U.S., the context of where one lives is heavily influenced by socio-economic status and poverty, which increase the likelihood of heightened mechanisms of social control, as well as disparities and disproportionality. Ultimately, the racial composition of neighborhoods may reflect differences in criminal justice practices and policies including a higher police presence, arrest, and guilt by association of the zip code one lives in, thereby fostering higher overall rates of detention for YOC (Gase, Glenn, Gomez, Kuo, Inkelas, & Ponce, 2016).
- The overall rate of detention for all youth in the United States in 2015 was 20.47. Black and American Indian youth exceed this rate by a considerable amount.

American Indian youth are detained at 3 times the rate of White youth. (31.34 vs 10.48). Black youth are detained at a rate of almost 6 times that of White youth (60.78 vs 10.48) (Sickmund et al., 2017).

- While the JDAI saw reductions in the rate of detention and number of youth admitted to detention centers annually from 132 sites from 2009 to 2016, these reductions were greater for White youth than YOC. Despite reform efforts, the challenge of persistent racial and ethnic disparities and loss of detention reform momentum in some sites remain (The Annie E. Casey Foundation, 2017).
- Youth in pretrial detention facilities have a suicide rate three times higher than non-incarcerated juveniles (Underwood & Washington, 2016).
- In 2008, up to 60% of juveniles held in federal custody were AI/AN (Indian Law and Order Commission, 2013).
- AI/AN youth are two to three times more likely to receive pretrial detainment than their White peers (National Opportunity to Learn Campaign, 2013). Asian male youth are 6 times more likely than Asian female youth, and 4.6 times more likely than White male youth, to receive pretrial detention (Hockenberry, 2017).
- AI/AN youth are 30% more likely to be referred to juvenile courts than to have charges dropped, and 10% more likely to be held in detention than released while awaiting trial compared to White youth (Hartney, 2008).
- In Illinois, Black and Latinx youth make up 71% of all detention admissions, but only 32% of the state's youth population (Illinois Juvenile Justice Commission, 2016).
- 96% of arrested Latinx youth are held in pretrial detention (California Department of Justice, 2015).
- In 2011, the rate of all confinement for AI/AN youth was 3 times that of White youth in Wisconsin (WI Council on Children & Families, 2011). Those who receive visitors, maintain family ties and are released to a stable home environment are more likely to succeed in leading productive, crime-free lives. In Wisconsin, detained juvenile offenders are housed in a facility approximately 4 hours north of Milwaukee, even though 60% of juvenile offenders are from Milwaukee (Youth Justice of Milwaukee, 2017). For AI/AN youth, this often means being separated not just from family, but also from spiritual leaders and healers.

The decision to detain a child in a secure pretrial detention facility at the pre-adjudicatory stage can be arbitrary, given the discretion of law enforcement officers or intake officers. Despite efforts to extend due process rights to juveniles, the basis of the JJ system lies in the principle of *parens patriae* (the power of the state to act as guardian for those who are deemed unable to care for themselves, such as children), (Snowden, 2003) which calls for initial key decision-makers e.g., law enforcement officers, to respond to “delinquent” youth by taking them into custody (Ratliff, 2000).

²Since many AI/AN live on Indian reservations, which are under the control of the federal government, youth charged with serious crimes on Indian reservations go on to a federal holding facility and eventually federal court.

“Juvenile Court history has again demonstrated that unbridled discretion, however benevolently motivated, is frequently a poor substitute for principle and procedure. In 1937, Dean Pound wrote: ‘The powers of the Star Chamber were a trifle in comparison with those of our juvenile courts...’ The absence of substantive standards have not necessarily meant that children receive careful, compassionate, individualized treatment. The absence of procedural rules based upon constitutional principle has not always produced fair, efficient, and effective procedures. Departures from established principles of due process have frequently resulted not in enlightened procedure, but in arbitrariness” (In re Gault, 387 U.S. 1, 18-19, 1967).

Their response can often be paternalistic, dismissive of input from families of color, and replete with implicit bias. Despite perhaps the good intentions of *parens patriae* and the existence of guidelines that govern the use of secure detention, research indicates that decision-makers often use detention for storage, punishment, and protection of children (Webb & Kritsonis, 2006). Some scholars have referred to pretrial detention as one of the chief abuses of power in the juvenile justice system (Frazier & Bishop, 1985).

“...Yeah, ‘inmate’, ‘ward’, ‘maggot’...
Saying, ‘young inmate right here’
Cause when I got first arrested,
I was eleven. They’re all like
making a joke out of it.
I would have two officers walk with
me; they be like, ‘Oh we need two guys
for him. This a big man right here.’
They glorified that there was
a little kid in jail”

—Jose Aguilar (YJC)

“Next thing I know, like two seconds later, police come, arrest me, put me in handcuffs and take me. And, next thing you know, I find out my dad put me in juvie. At first, I didn’t know for what either—I was confused, I was crying, crying, crying... I never felt so alone and betrayed.’ This sense of betrayal by her father, coupled with her young age, set a stage for some turbulent years to follow. She felt too young to handle what was happening in her life and unprepared for being labeled as violent and mentally disturbed.” (Abrams and Terry, 2017, p.50)

According to Justice Marshall, in his dissenting opinion on *Schall v. Martin*, 1984, “Fairly viewed, pretrial detention of a juvenile gives rise to injuries comparable to those associated with the imprisonment of an adult.” How are these general concerns understood within the context of issues of a racialized existence for YOC? Are we, in fact, looking at a compound assault and abuse of power impacting the psychological integrity and physical health of YOC? Add to this the reality that correctional placements and juvenile detention facilities are rarely sensitive to mental health needs of YOC is, in fact, further exacerbation of their mental and emotional well-being (Neely-Barnes & Whitted, 2011). In other words, it is well-established that detention is incredibly damaging, akin to jail, and this damage is dramatically worse for YOC for reasons previously stated. Attention to mental health needs of YOC, whether those needs preceded detention or arose as a result of detention, are often neglected or made worse by conditions in and of the way youth are treated within these facilities.

Within this confluence of factors, YOC find themselves in a precarious situation. Under these conditions, mental health assessments are conducted that lead to an overly-pathologized picture of mental health status bereft of situational factors; factors that can trigger the stress defense hierarchy such as heightened fight/flight responses, emotional reactivity, hypervigilance, anger, or freeze responses; depression, withdrawal, attentive immobility, appeasement, tonic immobility. These natural and appropriate stress reactions in response to pretrial detention experiences are important factors that influence decisions to continue detention and dispositional decision-making. How are YOC helped to down regulate in this stress-filled encounter with the JJ system so that a clearer picture of mental status can be achieved? And, what culturally anchored assessment tools are used to then discern their mental status?

In addition to implicit bias, there is also explicit bias that occurs as youth become labeled wards, criminals, troubled youth, young offenders, super predators, etc. Labeling is a common feature and practice within the JJ system, and replete with implicit and explicit bias. In a society where YOC are undervalued, criminalized, and pathologized as a result of a host of negative stereotypes, labeling within

“[W]hen, as here, a mere child—an easy victim of the law—is before us, special care in scrutinizing the record must be used. Age 15 is a tender and difficult age for a boy of any race. He cannot be judged by the more exacting standards of maturity. That which would leave a man cold and unimpressed can overawe and overwhelm a lad in his early teens. This is the period of great instability which the crisis of adolescence produces” In re Gault, 387 U.S. 1, 45 (1967) (quoting *Haley v. Ohio*, 332 U.S. 596, 599–600 (1948)).

“...They call me a criminal,
you know,
maybe at that point in time
I probably felt
like a criminal.”

—Leshay Jones (YJC)

“The experience in juvenile hall left a negative imprint on Peter and cemented the notion he had learned on the streets that law enforcement could not be trusted. Similar to what journalist Nell Bernstein (2014) documented about the rampant abuses in youth jails, Peter witnessed adults abusing their power with the children in their care. Thus, he entered the facility as a fearful young adolescent who looked up to this brother, and he left with a feeling that the entire system was corrupt. He lost his innocence and his hope at the same time” (Abrams and Terry, 2017, p.46).

juvenile detention is beyond counterproductive. It is harmful and dehumanizing. How one is treated is based on others’ perceptions of them (Becker, 1963; Scheff, 1984). When the criminal label becomes a master status (Becker, 1963), the master status is a social identity that trumps all other social statuses, and is the linchpin connecting social status and behavioral consequences.

Informal sanctions may reinforce the label, weaken social support of family and friends, and create community expectations of deviant behavior. The consequences are far-reaching. Detained youth, already marginalized by society based on race, skin color, and other oppressed social identities, may withdraw their stakes in conformity, reject institutions they feel rejected them, and seek out deviant peers who may be seemingly less judgmental and willing to provide social support (Abrams & Terry, 2017). In other words, those victimized by the labels fall deeper into the abyss of the label (Braithwaite, 1989).

DECISION POINT: Adjudication, Disposition, Prosecution as Adults

It is at adjudication that the court concludes a juvenile has committed an act; race, class, and context continue to play a role. Disposition is typically a hearing after the adjudication to determine a final decision as to how a juvenile’s case is handled. It usually includes a treatment plan aimed at addressing perceived deficiencies in the child’s current living environment and behavior. While “Equal Justice Under the Law” is the foundation of our legal system... the juvenile justice system is anything but equal for all” (National Council on Crime and Delinquency, 2007a, p. 3). For example, the National Council on Crime and Delinquency (2007a) reported that Black youth were overrepresented among cases receiving a disposition of out-of-home placement (commitment to a locked institution). This was true in all offense categories, and it was most pronounced among drug offense cases. In contrast, White youth were more likely than Black youth to be placed on probation.

- While the rate of youth committed to juvenile facilities fell by 47% between 2003 and 2013, rates of commitment for YOC during this same period did not improve. In fact, the racial gap between Black and White youth in secure placements increased by 15% during this same 10-year period (Rovner, 2016).
- In 2013, Black youth nationwide were nearly ten times as likely as White youth to be committed. Native American youth were nearly four times as likely as White youth to be committed. Latinx youth were 61% more likely than White youth to be in out-of-home placement. In 37 states, and the District of Columbia, Latinos are more likely to be committed than White youth often at a 5:1 commitment ratio (Rovner, 2016).

Not only is there greater likelihood of out-of-home placement, YOC are disproportionately processed in adult criminal court, and youth sentenced to prison have significantly greater odds of being given a disruptive behavior disorder diagnosis, substance use disorder, or co-occurring affective and anxiety disorders (Washburn et al., 2015).

- AI/AN youth processed at the federal level face significant challenges including the absence of a juvenile division, specialized juvenile court judges, or juvenile probation system. The Bureau of Prisons, a DOJ component, has no juvenile detention, diversion, or rehabilitation facilities (Adams et al., 2011).

“Hey man, what are you talking about? Criminal court? What is, what do you mean? I was very lost...I never really understood the concept of being tried as an adult. Everybody said it: ‘Oh you’re getting a fitness hearing’... I didn’t understand it... and to some extent nobody really explained it enough to where I could understand it. So, with that I just went through the whole process with a lot of confusion.”

—Phal Sok (YJC)

(Black male youth talking about the mental health assessment during his fitness trial backfiring; because he told the truth they recommended that he be tried as an adult)
“Because when I first got in there, they gave me an evaluation or whatever. And I acted regular, like I was telling them I’m a good guy, I know right from wrong and stuff like that. And the psychologist recommended me for my fitness”
(Abrams and Terry, 2017, p.54)

“Pibloktoq (arctic hysteria), chidnoh (a form of ghost sickness), windigo (melancholia and delusions), schwas (spirit intrusion), and iich’aa (taboo breaking) are a few of the conditions that are of concern to AIAN individuals and family members (Trimble, Manson, Dinges, & Medicine, 1984). Tawatlyesni (totally discouraged) (Johnson & Johnson, 2014) and wacinko (to pout) also are reported as important conditions among the various AIAN groups (Lewis, 1975). Furthermore, Manson, Shore, and Bloom (1985) have written about “ghost sickness” and heartbreak syndrome” as examples of unique expressions of distress exhibited by AIANs. Translations of the terms cited varied from group to group, but were manifested and acknowledged in some manner among many of the ethnic groups” (Clifford-Stoltenberg & Earle, 2002; Grandbois, 2005, p. 1007–1008).

- Treatment for mental illnesses reported by adjudicated youth, in general, and YOC in particular, varies from moderate to nonexistent, coupled with significant racial disparities in both access to and quality of care (Burriss, Breland Noble, Webster, & Soto, 2011).
- In California, Latinos (58%) are more likely to be processed in adult criminal court than Latinas (3%) or non-Latino White males (12%) (California Department of Justice, 2015).
- AI/AN youth are 3 times more likely than White youth to be found unfit for juvenile court and transferred to adult court in Los Angeles County (Center on Juvenile and Criminal Justice, 2000). During a Los Angeles County Commission inspection report of a detention facility, detained youth were referred to as “the unfits” by corrections staff (Grills, 2018).

The crucial and often decisive role of assessment should not be underestimated. Inadequate attention has been given to how court officials’ racialized perceptions of juveniles in conflict with the law influence their classification, assessment, and final recommendations for punishment (Bridges & Steen, 1998). In addition, the appropriateness, reliability, and validity of assessments completed either prior to adjudication or post- adjudication and pre-disposition, should be considered questionable given the lack of attention to potential racial bias, contextual realities, as well as cultural and linguistic sensitivity. For example, risk assessments that rely heavily on prior arrest may be biased against YOC who reside in over-policed communities and are subject to multiple arrests for petty offenses. Risk assessments measure likelihood of arrest. As a result, for YOC living in certain zip codes, they are infused with structural bias, because they are grounded in data derived from a fundamentally inequitable society. This structural bias doesn’t make the instrument less accurate. It is, in fact, reliably capturing structural racism. It is not necessarily validly capturing likelihood of arrest. Risk assessments tend to score YOC as higher risk of being arrested is deeply problematic, but it’s problematic because of the way risk assessments are used to justify punishment and incarceration.

Cultural appropriateness of assessment tools and methods are also questionable. For example, when Lewis (1975) described the condition of “wacinko” among AI/AN populations such as the Oglala Sioux, he noted the syndrome had not been identified by non-indigenous physicians who had been working on or near the reservation for over 100 years (Clifford-Stoltenberg & Earle, 2002). He concluded that “mainstream clinicians” ought to consult with indigenous practitioners about the expressions of mental disorders among indigenous people. This should become a required action and a practice guideline for all practitioners who are not culturally competent to provide quality care to AI/AN people (National Institute of Mental Health, 2001; US Department of Health Human Services, 2001).

By the adjudication decision point, system-involved youth may have been through two potentially traumatic JJ decision points and an array of stressors. This stage, however, is the first-time youth interact significantly with the judicial branch of the JJ system, other than probation staff. The extent to which they understand what is happening to them and the extent to which they receive adequate representation is

debatable, unless they have financial resources and can hire a private attorney. It is here that the intersection of race and class can be a defining moment for the rest of a YOC's life.

The purpose of the pre-trial conference is to determine if the case can be resolved by plea or if a trial is necessary. Pending the adjudication phase, in some parts of the country, youth may be placed on bond or in custody, e.g., pretrial detention. At this stage, youth may be subjected to formal forensic assessments or mental health screenings by a mental health professional. In addition, prior school-based assessments that sometime mis-label youth with a conduct-disorder are used to justify more punitive handling of a case. The quality of decision-making and assessment tools vary by local and state mandates, with some states requiring evaluations based on the seriousness or type of offense. In states like California, prosecutors have considerable discretion to charge youth as adults, and they may often use the threat of adult court prosecution to compel youth to enter into unfavorable plea agreements (Ridolfi, Washburn, & Guzman, 2017). There are significant racial disparities in this process, e.g., 2014 rates with higher rates for Latinx (3.3) and Blacks (11.3) relative to Whites (Ridolfi, Washburn, & Guzman, 2017). The report also notes that although the rate of direct file is decreasing for White youth, it has increased for Black and Latinx youth. In 2003, Black youth were 4.5 times as likely as White youth to be directly filed, but by 2014, this figure rose to 11.3 times more likely.

Screenings are conducted during the adjudication stage to assess the competency level of youth being charged. Adjudicative competence, traditionally labeled "competency to stand trial," is a jurisprudential concept that allows for the postponement of judicial proceedings for those individuals who, because of mental impairment, are not able to take part in their own defense (Zapf, Skeem, & Golding, 2005). The evaluation of adjudicative competence is arguably the single most significant mental health inquiry pursued in criminal law (Nicholson & Kugler, 1991), in part, because "more defendants are evaluated for competency and more financial resources are expended for their evaluation, adjudication, and treatment than for any other class of forensic activities" (Golding, 1992). This raises some fundamental questions. To what extent are screening and assessment metrics/methods reliable, valid, and culturally accurate? What level of rapport and trust are established between examiners and YOC undergoing adjudication that could support the validity of assessment findings? In addition to informing judicial proceedings, diagnoses guide treatment. It is imperative that reliable and valid screening and assessment tools are used during admission processes and throughout any out-of-home placement so YOC receive just judicial decisions and the most consistent and effective treatment possible during their confinement.

In the adjudication and disposition points of contact, systemic bias, implicit bias, and biased tools increase the likelihood that YOC are convicted, subject to correctional placement, or are convicted in adult court and sentenced to adult prison.

DECISION POINT: Sentencing/Out-of-Home Placement

- The Burns Institute (Ridolfi, 2017) reports that on any given day in the U.S., Black youth are five times as likely as White youth to be incarcerated; Latinx youth are almost twice as likely; Native American youth are three times as likely.
- In 37 states and the District of Columbia, Latinx youth are more likely to be committed than are White juveniles. In four states (Connecticut, New Hampshire, Massachusetts, and New Jersey), the Latinx/White disparity was more than five-to-one. Latinx youth were more than five times as likely as White juveniles to be committed (Rovner, 2016).
- Nationwide, Latinx youth were 61 percent more likely than White youth to be in placement.
- Nationwide, American Indian youth were nearly four times as likely as White youth to be committed. In three states (Minnesota, Illinois and Vermont), the American Indian/White disparity is more than ten-to-one, meaning that American Indian youth are more than 10 times as likely as White juveniles to be committed.
- AI/AN populations have a unique legal status and are the only racial group to be subject to double jeopardy under U.S. law. Not only can AI/AN persons be tried in tribal court for an offence, but their cases may also be tried in federal, state, or municipal court depending upon jurisdiction. The populations' disproportionate federal incarceration rate is due to the chaotic U.S. treaty era which spawned the present justice system disparities, and "[t]he demography of jails and prisons at the county and state levels in the U.S. is disproportionately made up of individuals lacking property, position, and power" (Covin Jr, 2012, p. 443).
- In Kansas, young Black girls are five times more likely to be incarcerated than White girls (Sherman and Black, 2015).
- In New Jersey, Black youth make up 70% of all incarcerated youth, while representing only 15% of the total youth population (Sickmund et al., 2017)
- AI/AN females had the highest residential placement rates (1,262 per 100,000, Wyoming) than any other females in the U.S., regardless of their racial or ethnic group (Office of Juvenile Justice and Delinquency Prevention, 2015).
- Latinx (63%) and Black (64%) in California youth are sentenced to adult prison or the Division of Juvenile Justice more than White youth (49%) (California Department of Justice, 2015).
- Latinx youth are 11 times less likely to receive probation and more likely to be incarcerated than White youth (California Department of Justice, 2015).
- As of 2015, it cost taxpayers \$281,327 per year to house a single youth in an LA County Juvenile Hall (JusticeLA et al., 2017). That's equivalent to paying tuition for 5.5 youth at Harvey Mudd College, the most expensive college in the U.S.

"I was deemed unfit. I was deemed unfit from the beginning, like there was no way out of it; there wasn't Prop 57 as there is now."

—Phal Sok (YJC)

(Jackson, 2017). At the same time, most communities in the country do not have adequate community-based prevention, early intervention, enrichment, or after school programs and services.

Out-of-home placement and secure confinement can be equivalent to the kiss of psychological death for YOC for whom connection to family and community serve as the cultural foundation of development, emotional well-being, and healing. Once in placements, JJ and mental health systems rely heavily on a range of Western-centric intervention strategies that often do not resonate with the patient's culture, context, characteristics, or preferences (Abe et al., 2018). Culturally-grounded, practice-based evidence (PBE) approaches that are more culturally aligned with the worldview, beliefs, norms and values of YOC are often unavailable. Evidence-based practices (EBPs) such as cognitive behavior therapy and EBP adaptations do not challenge the fundamental cultural assumptions underlying the provision of mental health services (Cheung, 2000) or the Western-based conceptualization of human behavior and well-being (Chakkarath, 2012). In contrast, culturally anchored PBEs, have the capacity to address culturally-based perspectives of causality and reflect culturally-based worldviews and values, perceptions of personhood, well-being, distress, illness experiences, and treatment. A number of cultural and historical factors operate in the lives of Black people. They include spirituality; values of fairness, social justice, caring, compassion and communal responsibility; the lingering effects of historical and cultural trauma resulting from generations of enslavement; colonialism; and segregation and racism, among others. These factors shape Black youth identity, behavior, beliefs, and concerns. They also shape their community's understanding of what it means to be human; what is natural, normal functioning; what drives human development; what prevents and contributes to dis-ease and dysfunction; what promotes and maintains harmonious, functional communities; what promotes restoration and healing; and what provides meaning in life (Abe, Grills, & Ghavami et al., 2018; Grills, 2004). YOC deserve greater access to PBE and CDEP intervention strategies that can provide culturally appropriate, restorative and healing programs grounded in principles of youth development, communities, and cultures of youth.

Correctional placements are often influenced by systemic gender and racial biases that interfere with rehabilitative or behavioral health needs (Evangelist, Ryan, Victor, Moore, & Perron, 2017). For example, correctional placements, continued detention, and other disposition decisions affect how youth in conflict with the law access Medicare or other health care services. Further, the cultural assault on YOC who come from communal cultures where connection to community (above and beyond immediate family) is vital to identity and positive youth development. When youth are separated from their friends and family and placed in often-volatile correctional environments, their emotional and physical safety become vulnerable (Caetano et al., 2017). This system-generated trauma (Ryan, Huebner, Diaz, & Sanchez, 2009) is common among youth placed in residential correctional placements, as incarceration and even less secure placements can be perceived as being emotionally and even physically harmful to youth.

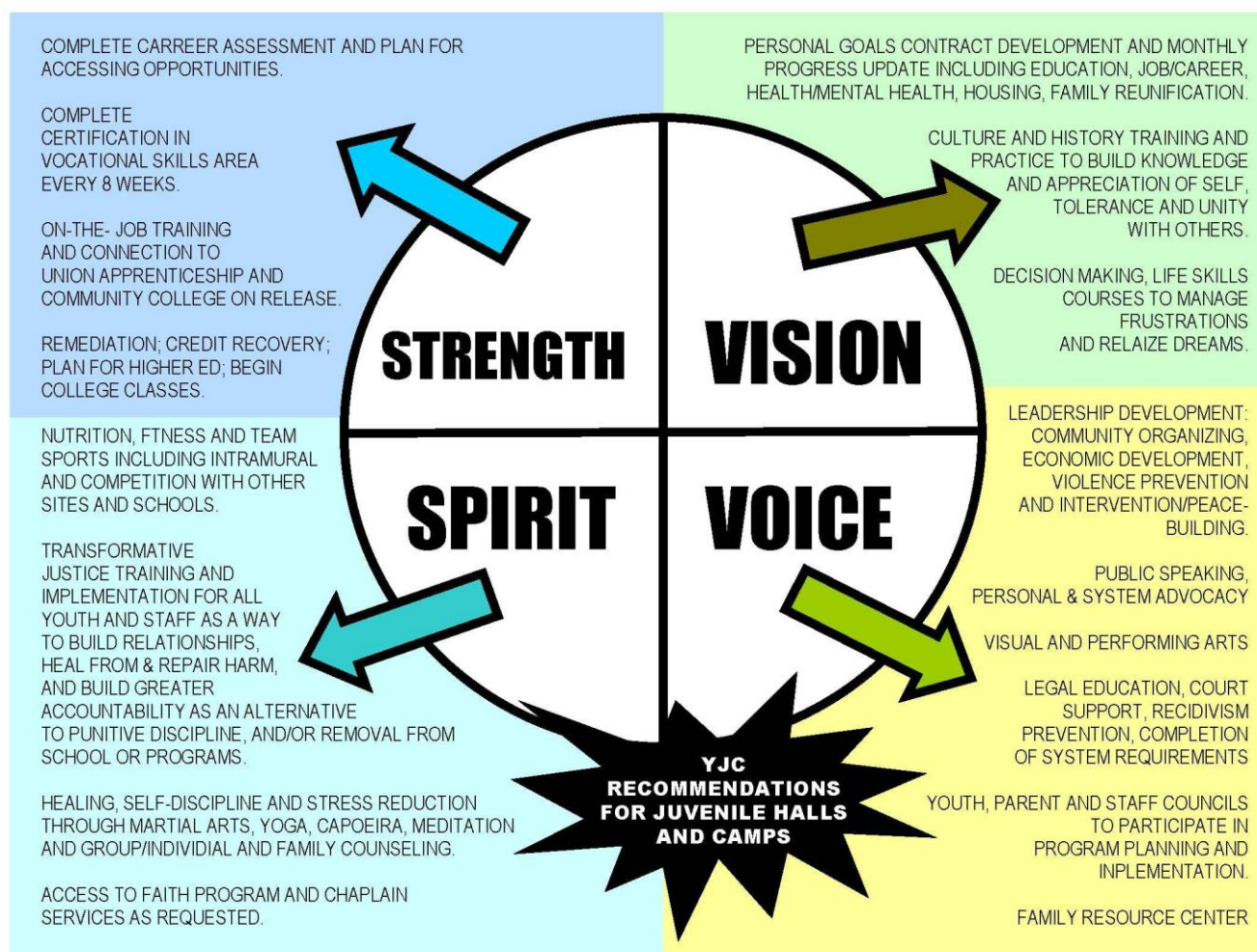
In its current practice, juvenile incarceration is not the deterrent desired by law enforcement or society. Instead, it appears to increase the odds of recidivism while reducing the possibility that detained youth will graduate from high school (Aizer & Doyle Jr, 2015; Rempe, 2013). This position is supported by meta-analyses studies

suggesting that placement in correctional facilities does not lower the likelihood of juvenile reoffending and may, in fact, increase it in some cases (Nagan, Cullen, & Johnson, 2009; Smith, Gendreau, & Goggin, 2002; Villettaz, Killias, & Zoder, 2006).

Community-Defined Solutions

Communities like Los Angeles have ideas about how to help youth in conflict with the law and crying out for help. Figure 6 illustrates YJC’s four pillars for how juvenile lockup, an option of last resort, can serve as a space for restoration, rehabilitation, healing, and community support. They are anchored around strength, spirit, vision, and voice.

Figure 6
Four Pillars Illustration by YJC



CONCLUSION

This report identifies issues that must be understood and incorporated in current JJ structures, practices, and policies. Feelings of isolation, shame, anger, self-hatred, internalized racism, and distrust of authority are a few among many harms that emerge for individual youth in contact with the system, but harmful effects extend outward to families and communities. Involvement in the JJ system not only contributes to individual and community allostatic load, but it is also wasteful, costly and ineffective. Initial contact and continued involvement with the JJ system can lead to negative short and long-term outcomes. Mental health services should be at the forefront of protecting and helping youth in distress. However, the mental health system is plagued with its own set of problems related to appropriate and effective provisions of services to communities of color. As a result, communities of color and youth in the JJ system are unserved, underserved, or inappropriately served. This applies across the spectrum of services from prevention to early intervention and treatment.

Whether risk screening and assessment, diagnosis, or treatment, the mental health system has not sufficiently done its due diligence to determine the validity and reliability of its methods and metrics as they relate to diverse ethnocultural groups. With respect to diagnosis, there is very little reason to believe the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) has corrected for ethnocentrism of the DSM-IV (Barrera & Jordan, 2011; Bredström, 2017). Instead, use of DSM-5 with people of color has been referred to as cultural imperialism, i.e., privileged Eurocentric conceptualization of mental health and mental illness, diagnostic criteria, and what constitutes valid treatment approaches (Pilgrim, 2014).

Practices and interventions specific to the needs of traumatized youth in the JJ system remain understudied (Ford, Chapman, Connor, & Cruise, 2012; Rivald et al., 2003). Research should further explore trauma-focused interventions for adjudicated youth that are culturally-anchored, and services that are currently provided should be conducted with greater cultural humility. This will expand our knowledge of community-defined evidence practice and broaden rehabilitative options for improving youth social and emotional functioning.

Successfully engaging and rehabilitating YOC in the JJ system may require a shift in philosophy and practice. Although development of evidenced-based practices (EBP) has been called a “remarkable advance” (Kazdin, 2011), reliance on EBPs has raised concerns about their relevance or effectiveness with culturally diverse clients (Sue, Zane, Nagayama Hall, & Berger, 2009; Hall 2011). Western mental health treatment typically consists of discrete psychotherapy sessions that take place in a therapist’s office, emphasizing verbal interactions in the context of a supportive, professional, relationship. From this perspective, psychotherapy is culturally situated, reflecting Western values and social norms emerging from its European historical and cultural origins (Bernal & Domenech Rodríguez, 2012; Bernal & Sáez Santiago, 2006; Cushman, 1996). On what basis are we assuming this is appropriate for all youth, regardless of their cultural worldview and heritage (Aisenberg, 2008)? Respecting culture and emphasizing the value and necessity of its inclusion in designing, describing, implementing, and evaluating intervention strategies can notably shift the

ways in which mental health systems can serve YOC and protect them from unnecessary entanglement in juvenile detention.

If we are to reduce racial and ethnic disparities in the JJ system, change conditions within the JJ environment, and improve mental health access and outcomes among historically unserved, underserved, and/or inappropriately served YOC and their families and communities, then we can, and must, include, and not dismiss, issues of implicit bias and ethnocentrism in the design and delivery of services. We must include and not dismiss the influence of historical, structural, and cultural oppression and racism, and be inclusive of those most impacted in a participatory process of discernment and refinements to current practice.

With the current report, we have only scratched the surface in terms of raising important critiques about the complicity of psychology and mental health with the JJ system's approach with YOC. A series of reports is needed about YOC in conflict with the law to:

- Question, as well as norm and validate, ethno-cultural validity and reliability of standard risk and assessment tools used to determine mental illness and mental health needs that may over-pathologize YOC and contribute to their higher rates of incarceration, including attention to issues related to equivalence of measurement, method, and meaning in current assessment instruments;
- Assess the extent and type of over-diagnosis and misdiagnosis of mental illness;
- Investigate the impact of DSM-V's revised diagnostic criteria on justice-involved YOC;
- Explore the relationship between diagnosis and different intervention variables, e.g., dose, modality, given that improved treatment outcomes are the ultimate goal of any diagnostic system revision (Haney-Caron, Brogan, NeMoyer, Kelley, & Heilbrun, 2016);
- Review the extent of overuse and misuse of psychotropic medication;
- Raise healthy skepticism about the appropriateness of the large-scale dissemination of evidence-based interventions until studies about their cultural validity and context of service delivery have been established;
- Detail gaps and disparities across race in mental health services with an examination of factors contributing to these gaps;
- Explore public policies and mechanisms for increased community-based prevention and early intervention services and effective culturally-accessible mental health services in the juvenile justice system;
- Evaluate mechanisms by which mental health/substance use disorders and criminogenic risk interact to affect risk of re-arrest and how this operates differently across race/ethnic groups;

- Increase access to and analysis of disaggregated data for youth in the JJ system, particularly for racial and sub-ethnic groups who otherwise would not be distinguishable;
- Incorporate an intersectionality framework by including race, gender, disability, sexual orientation and gender identity, class, education status etc.;
- Articulate a research agenda to understand conditions under which mental health is implicated in offending, as well as decisions for incarceration;
- Ascertain what constitutes “evidence” and “best practice services,” and what community-defined evidence practices are for YOC within and across various racial/ethnic groups.

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