8-31-2009

Native American Juvenile Detainees in New Mexico: A Descriptive Study of Gender Differences, Mental and Behavioral Health Conditions, and Social Risk Factors

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ABSTRACT

Introduction. Risk factors for juvenile detention vary by gender but, in general, include low household income, individual and family histories of mental and behavioral disorders, sexual and physical abuse, low academic achievement/academic difficulty, and ethnic/racial minority status. In New Mexico, a number of these risk factors characterize the lives of Native American youth. However, the prevalence of and relationships among risk factors for detained Native American juveniles is unknown. Moreover the lack of data has impeded community-based mental and behavioral health treatment and prevention efforts meant to decrease destructive behavior and prevent initial or subsequent detention or incarceration.

Objective. This study focuses on gender comparisons of psychiatric and behavioral disorders and associations between these disorders and social conditions including physical abuse, sexual abuse, special education, and family histories of psychiatric conditions among Native American adolescent detainees.

Design, Settings, and Participants. This study is a secondary analysis of data obtained from the mental health records of 125 Native American youth detained in a New Mexico state-operated juvenile justice facility during calendar year 2006. Univariate data analyses were conducted to describe and summarize youth characteristics. Relationships between psychiatric and behavioral health disorders and the social risk factors were examined with independent sample *t*-test and in crosstab format utilizing the chi-square statistic to identify significant associations.

Results. While the average age of Native American youth in this study is 16.5 years, the risk factors preceding the incarceration include substance use beginning at an average age of 11 years, and high rates of depression/anxiety, conduct or oppositional/defiant disorders, and posttraumatic stress disorder (PTSD). Significant gender differences were found for PTSD, substance use, conduct disorders, and sexual abuse. More than 60% of the youth have a family member with a history of psychiatric illness. Significant associations were found between

several mental disorders and physical and sexual abuse. Having a family history of psychiatric illness was associated with the criminal offense of assault and battery and a younger age of first substance use.

Conclusion. Mental, behavioral, and social health and legal status of detained Native American youth in New Mexico provides insight and the need for the development of family- and community-based juvenile detention prevention strategies, and strongly suggests the need for multi-level intervention studies with this population.

INTRODUCTION

The twenty-two tribes and large off-reservation Native American (NA) communities in New Mexico (NM) offer some of the state's most unique characteristics including cultural beauty and ancient and ongoing traditional practices. Core cultural values of tribal nations and communities nationally are love and respect for their children and a mandate for creating healthy futures. Structural barriers to honoring those core values for some NA communities include devastating social conditions such as poverty; historical trauma; discrimination; education marginalization, inequity, and inequality; unemployment; and health inequity and neglect. The development of mental and behavioral health conditions at an early age go hand-in-hand with such social inequities, all of which reduce or eliminate life opportunities.

In general, NAs are a young population. The average median age of reservation-based NAs is 25 years compared with 29 years for the total NA population and 35 years for the U.S. population (Leverett 2008). In NM, NA adolescents between the ages of 10 and 21 years account for almost 25% of the total NA population of 173,483 (Table 1). It is projected that between 1995 and 2015 NM will have the largest percent increase in its NA juvenile population.

Table 1. NM Native American Youth Population by Age Group and Gender

	Males	Females	Total
10-14	9831	9552	19383
15-17	5521	5335	10856
18 and 19	3222	3292	6514
20	1391	1548	2939
21	1391	1493	2884
Total:	**21356**	**21220**	**42576**

Source: US Census Bureau, Census 2000, http:// factfinder.census.gov/servlet/DTTable?_ts=76348126421

In order to ensure a productive adulthood and opportunity for healthy aging the foundation of health must be established early in life and developmentally reinforced. Given the young age of the NA population, attention to the social, mental and behavioral health and future quality of life of Native American youth is an urgent concern. The purpose of my study was to

identify the characteristics and social risk factors of NA adolescents with multiple vulnerabilities: being incarcerated, having an ethnic minority status, youth status, and having mental and behavioral health conditions. The intention is to promote public health response to early and frequent mental health screening for NA children living in conditions that compound vulnerability while at the same time advocating for social justice to decrease or eliminate the structural barriers to healthy youth development.

Background

Juvenile Justice and Mental Health

Established in 1899 by the Illinois legislature, the first juvenile court set out to "relegate the treatment and control of dependent, neglected, and delinquent children". This later gave way to the, "liberally construed" ideology that "care, custody, and discipline" of children "shall approximate as nearly as may be that which should be given by [its] parents." (Hurley 1907). Unfortunately, today's juvenile justice systems have become the "default mental health treatment center" for children who are unable to access appropriate psychological and psychiatric treatment in the community (Boesky 2002).

In various states including New Mexico, Native American (NA) youth detained as a result of their undiagnosed/untreated mental and behavioral health disorders inevitably spend considerably longer sentences in juvenile justice facilities due to a lack of community-based placements as conditions of discharge. A report prepared for United States Senator Jeff Bingaman and Representatives Tom Udall and Henry A. Waxman (2002), entitled "Incarceration of Youth with Mental Disorders in New Mexico," revealed that approximately 14% of youth in New Mexico detention centers are incarcerated because mental health care is not readily available, and that detention centers in New Mexico are being transformed into full scale mental health institutions. The report further states that from January to December 2001, approximately 718 New Mexico youth were collectively incarcerated for 31.3 years waiting for treatment availability (p.i.)

Native American Youth, Crime, & Mental Health

Nationwide NA youth represent only 1 percent of the population, yet they comprise 2 to 3 percent of youth arrested for larceny-theft and liquor law violations. Furthermore, NA youth are not only disproportionately represented in the youth offender population but are more likely than other ethnic and racial groups to be victims of crime. It is reported that a NA between the ages of 12-20 is 58 percent more likely to become victim of a crime than Whites and Blacks. (Building Blocks for Youth). NA youth are also like to be offenders and victims simultaneously. For instance, the median age of a U.S. prison inmate is 34, yet the median age of a NA prisoner is slightly under 20 (Mike Guilfoyle: http//:www. Americanindianprisoners.com/). The younger age of the NA prisoner is a reliable predictor of their vulnerability to physical and sexual abuse in the prison population.

In addition to the individual history of mental health and behavioral health disorders, precipitating factors of juvenile detention include socioeconomic status, individual and family histories of mental and behavioral disorders, sexual and physical abuse, low academic achievement/academic difficulty, and ethnic/racial minority status, all of which encircle NA youth. Moreover, the loss of liberty and freedom can be traumatic for youth, especially among those in foster care for which abuse, neglect, and institutionalization are the proverbial norm (Smith 1998). In essence such youth become frozen in time and may spend months to years waiting for stability in their lives (Widom2003). In extreme circumstances, several states have reverted to the incarceration of youth in adult prison facilities when space is not available. One study found that youth placed in adult prisons experience a 5-fold likelihood of sexual assault, a 2-fold likelihood of abuse by prison staff, and a 50% chance of attack with a weapon when compared with age-appropriate juvenile detention centers (Forst 1989).

With respect to NA adolescents, many live with the legacy of intergenerational assimilatory stressors (e.g., government boarding schools with assimilation rather than education as the overarching goal, and separation of NA children from family life that has led to

contemporary situations of impaired parenting) that may lead to behavioral and emotional problems. Furthermore, NA communities are often lacking in resources to cope with such problems. As a result, NA adolescents can suffer from higher rates of serious mental health conditions than the general population (Beals et al. 1997). On the legal front and damaging to the future of NA youth is the fact that they are not afforded protection against double jeopardy as observed by the U.S. Constitution, i.e., they may be tried for the same offense in both tribal and state or federal court. (U.S Department of Justice). In New Mexico, the lives of NA youth are too often characterized by one or more of the previously discussed social, mental, and behavioral health risk factors that can increase their risk for detention.

METHODS

This retrospective, descriptive study is a secondary analysis of data collected by my faculty mentor and a research assistant. The original study, "Characteristics of Incarcerated Native American Youth in New Mexico," Tassy Parker, PhD, RN, Principal Investigator, was funded as part of the administrative core of the Native American Research Center for Health (NARCH) grant awarded to the Albuquerque Area Indian Health Board, Robert Williams, MD, and Gayle Dine' Chacon, MD, Principal Investigators. The purpose of the NARCH grant, a federally funded initiative of the National Institute of General Medical Sciences and the Indian Health Service, is to develop the research skills of Native American investigators. The study has received Institutional Review Board approval from both UNM (HRRC# 6-038) and the U.S. Public Health Service/Indian Health Service (Protocol # N06-AQ-16). In addition, the study has written approval (dated 09-05-06) by Secretary Dorian Dodson of the New Mexico Children, Youth and Families Department (CYFD). The CYFD is responsible for operation of the targeted juvenile detention facility.

Sample

association is not due to chance alone. Gender was considered as the independent variable (column) and associations were examined in 2x2 tables that include either psychiatric or behavioral health conditions as the dependent variables, thus listed in the rows contingency tables. Bivariate analyses of continuously distributed variables were conducted with the independent t-test statistics, again using a probability of ≤ 0.05 as confirmation that the differences in means are not due to chance alone.

RESULTS

Characteristics of the detainees are presented in Table 2.

Table 2. Characteristics of Incarcerated Native American Youth (N=125)

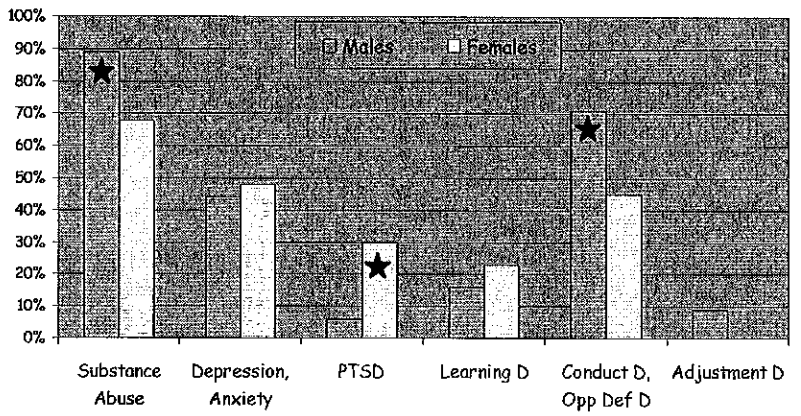
Variable	Variable Categories	%	Mean (S.D.)	N
Gender				121
	Male	81.8		
	Female	18.2		
Age at commitment			16.5 years (1.2 years)	119
# of previous commitments				117
	0	73.5		
	1	17.1		
	≥ 2	9.4		
Length of current commitment				121
	15 days	23.1		
	1 year	33.9		
	2 years	32.2		
	> 2 years	10.7		
History of special education	Yes	40.0		120
Substance Abuse	Yes	85.6		111
Age at 1st substance use			11.3 years (2.4 years)	97
Depression or Anxiety	Yes	45.5		110
Learning Disorder	Yes	17.0		112
Conduct or Oppositional Defiant Disorder	Yes	66.1		112
Posttraumatic Stress Disorder	Yes	10.0		110
Ever physically abused	Yes	43.9		107
Ever sexually abused	Yes	19.8		106
Family history of psychiatric illness (parent, sibling, other)	Yes	66.3		104

The mean age at commitment was 16.5 years (± 1.2 years) and did not significantly differ by gender. The data show that just over one-quarter (26.5%) of the NA youth were previously incarcerated. While almost three-fourths had no previous commitments, the current study did

not look at types or numbers of previous contacts with the juvenile justice system (e.g., arrest, probation, detention while awaiting adjudication). However, one indication of previous contact is that the most frequently cited reason for incarceration for both genders was probation violation. The most prevalent actual offense for both genders was assault and battery. Significant gender differences were found for the shortest (females) and longest (males) lengths of current commitment, but no gender differences were found for commitments of one to two years. While approximately 40% of the NA detainees had a history of special education prior to incarceration, there were no significant gender differences.

Figure 1 presents the mental and behavioral health conditions by gender. Although substance abuse (alcohol, amphetamines, inhalants, cannabis, opiates, poly-substance, other) was highly prevalent for both genders, males had a significantly higher rate of substance abuse. Males were also significantly more likely to exhibit conduct disorder (x>60%) while females were more likely to suffer from PTSD (x>30%). Depression and/or anxiety were prevalent in almost 50% of the NA adolescents.

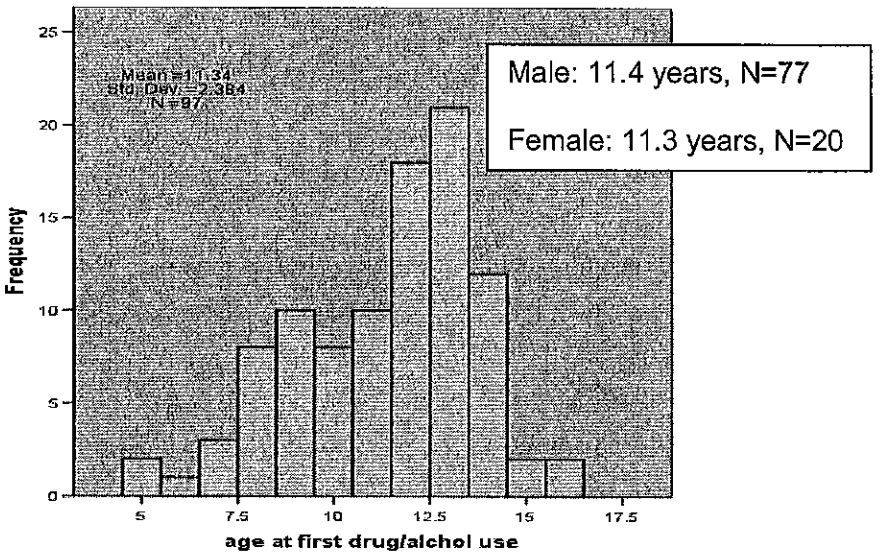
Figure 1. Mental/Behavioral Health Conditions by Gender.



★= $p \leq 0.05$ (chi-square)
Note: PTSD = Posttraumatic Stress Disorder; D = Disorder;
Opp Def = Oppositional Defiant

Figure 2 depicts the distribution of ages at initial drug use and shows that the mean age of initial use occurred at 11.3 years (± 2.4 years) and ranged from 5 years of age (inhalant abuse) to almost 16 years of age.

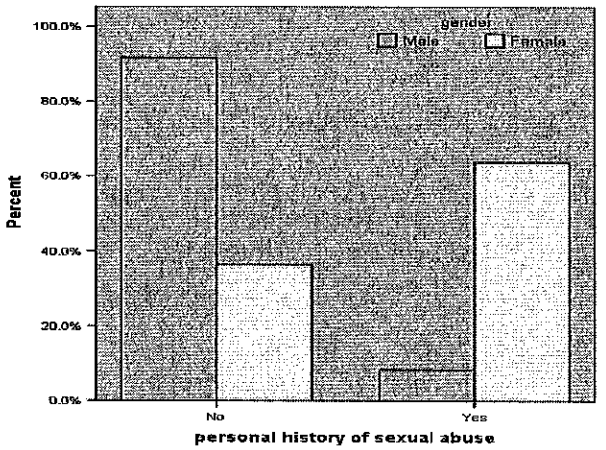
Figure 2. Age at initial substance use. (N = 97)



Both genders were almost equally likely to be physically abused as to not be physically abused prior to commitment. NA males were slightly more likely to report physical abuse than were NA females. Additionally, the primary abuser was most often noted as being a family member.

Chart documentation of sexual abuse prior to incarceration was found for almost 20% of incarcerated NA youth (Figure 3), with slightly more than 60% of the females having experienced such abuse. Not surprising was the finding of statistical significance between the genders since females in general are more likely than males to be victims of sexual assault. However, it should be noted that sexual assault among adolescent males is vastly underreported.

Figure 3. Gender comparison of sexual abuse. (N = 106)



Almost 70% (66.3%) of incarcerated NA youth have a household member with a mental illness history. It could be that non-active or active alcoholism or alcohol abuse accounts for the seemingly high rate. However, that is speculation since although the conditions were recorded on the original data collection sheets, the data set only contained codes of absence or presence (yes/no) of family mental health history. Non-significant gender differences were observed for this variable whereby 63.1% of males and 80% of females had a family member with a mental illness history.

Associations and Mean Differences Between Selected Conditions

Table 3 shows that learning disorder was not associated with any of the independent factors, however, it may be the result of other factors. These factors could include such things as physical conditions (e.g., history of otitis media), perinatal influences (e.g., substance abuse during pregnancy, birth difficulties), or other social factors not measured here. Likewise, conduct or oppositional defiant disorders were not related to the variables examined here but may be more a consequential label of the youth's so-called deviant behaviors.

Important findings of the bivariate analyses included interesting patterns of significant relationships between abuse and family mental illness history and depression/anxiety, PTSD,

adjustment disorder, assault and battery as a prevalent criminal offense, and, importantly, age at first substance use.

Table 3. Associations between Abuse or Family History of Psychiatric Illness and Youth Mental Health Conditions, Criminal Offense, and Age at First Alcohol/Drug Use.

	Ever Physically Abused	Ever Sexually Abused	Family History of Psychiatric Illness
Depression or Anxiety	χ^2=7.61, df=1, p=.006	---	---
Posttraumatic Stress Disorder	---	χ^2=18.253, df=1, p=.000	---
Learning Disorder	---	---	---
Conduct or Oppositional Defiant Disorders	---	---	---
Adjustment Disorder[a]	---	---	χ^2=10.175, df=1, p=.003
Criminal Offense: Assault & Battery	---	---	χ^2=3.862, df=1, p=.049
Age at first substance use	---	t=2.179, df=82, p=.032[b]	t=3.829, df=70.4, p=.000[c]

[a] A disorder almost exclusively diagnosed in male detainees in this study.
[b] Age at first substance use for incarcerated youth with a history of being sexually abused is 10.47 years compared to 11.77 years for incarcerated youth without a sexual abuse history.
[c] Age at substance use for incarcerated youth with a family history of psychiatric illness is 10.89 years compared to 12.59 years for incarcerated youth without a family history of psychiatric illness.

DISCUSSION

Mental and behavioral health conditions and social risk factors are highly prevalent among incarcerated NA youth in NM. Findings of the current study are supportive of other studies (e.g., Cocozza & Skowyra 2000) of incarcerated youth that youth in the juvenile justice system experience substantially higher rates of mental and behavioral health disorders than youth in the general population. Despite the poor socioeconomic conditions that are known to be highly prevalent in a number of NM Native communities and the relevance of those conditions in predicting poor social outcomes for youth who live in those conditions, the current study is the first known to specifically examine conditions of incarcerated NA youth in NM. Furthermore, it is the first known study anywhere to examine the bivariate relationships among selected conditions of NA detainees.

The most telling findings about the context of the lives of the NA adolescents in this study stem from the environments of their mental health, experience of abuse, and family psychiatric conditions. Depression and anxiety are the most common mental health problems among youth in the U.S., and often co-occur. In the incarcerated youth population, Teplin et al. (2002) have reported that 13.0% of detained boys versus 21.6% of detained girls met criteria for a Major Depressive Episode 21.3% of incarcerated boys versus 30.8% of girls met criteria for any Anxiety Disorder. The findings of a 45.5% prevalence of depression and anxiety among the incarcerated NA youth is in line with the large epidemiology study conducted by Teplin et al. What seems somewhat dissimilar from the Teplin et al. study is that the prevalence rates of depression/anxiety for NA males are not distinctly different than NA female prevalence rates. A plausible explanation may be the higher prevalence of substance use among the NA males, and the fact that substance use is often co-occurring with other major mental health disorders such as depression and anxiety (Abram et al. 2003).

Although not a consideration in the current study, it is important to note that mental health conditions rarely occur alone. In fact, Odgers et al (2005) report that a significant percentage of *all* incarcerated juveniles (46-83%) meet criteria for two or more mental disorders. Timmons-Mitchell et al. (1997) found that both males and females in a state institution (detention) averaged approximately 5 diagnoses. The tremendous burden of un-and under-treated mental illness borne by incarcerated youth nationally and internationally includes the cycle of incarceration from youth to adulthood.

A recent study (Deters et al. 2006) on PTSD (an anxiety disorder) among NA adolescents in substance abuse treatment found that rape and sexual attack (sexual abuse) was significantly associated with PTSD. That finding was also supported in the current study of NA detainees, particularly for female detainees as they had the highest rates of both PTSD and sexual abuse. The striking and significant differences in age at first substance use associated with both sexual abuse and having a family member with psychiatric illness requires further

investigation and translation into prevention, and screening and monitoring strategies for use by a collaborative of health and social services providers.

In the current study, adjustment disorder is a condition identified almost exclusively in the charts of the incarcerated NA males. Adjustment disorder is a diagnosis given when a person is unable to adapt or has a maladaptive reaction to an identifiable stressful life event(s) or stressor(s). It is a time bound (occur within three months of the identified stressor) and time-limited (last no longer than six months) diagnosis. As seen in Table 3, it is significantly associated with family history of psychiatric illness. It would not be surprising that there would be a relationship here as untreated or poorly treated psychiatric illness in caregivers can result in poor coping skills of children in the mentally ill caregiver's household. Along similar lines of consideration, the common offense of assault and battery among both males and females is associated with having a family history of psychiatric illness. Again, un- or under-treated mental illness, including alcohol and/or substance abuse, in a household can create conditions of violence that occur inside and outside of the family environment.

Given the overwhelming nature of the identified conditions among NA incarcerated youth and the projected boom of the NA youth population in New Mexico over the next decade action must be taken to ensure that NA communities are not deprived of healthy and productive futures. Advocacy by tribal and off-reservation NA communities, families, legal and justice systems, and health providers is urgently needed. A collective goal is to prevent incarceration by ensuring that children are free from abuse and live in an environment characterized by good family mental health. Another goal is to ensure that troubled youth will be rehabilitated in accordance with underlying causation of "deviance". Moreover, discharge planning should be of the highest importance and begin on day one of incarceration in order to provide for optimal follow-up and additional rehabilitation efforts as needed. Suggested rehabilitation methods should differ from the mainstream norm, and include the NA relational worldview of traditional tribal teaching, NA healing ceremonies, and the formation of healing groups to allow for the

restoration and/or reintroduction of trust and healthy reintegration of the youth into their families, communities, and the broader society.

Limitations of the study

The study has several limitations that should be taken into account when interpreting the results and or generalizing findings to other incarcerated NA youth. First, is the relatively small sample size of 125, which precluded a more in-depth analyses and confirmation of gender differences, given that females accounted for only 18.8% of the sample. Second, the NA youth in the present study were incarcerated at only one State-operated institution, although the largest institution, it nevertheless excluded consideration of NA youth incarcerated at federally-operated facilities and tribally-operated jails. Third, the mental health records were not consistent in the extent to which they contained and reported social and health information, thus, what is reported here may be an underrepresentation of conditions. Despite these limitations, the facts that NA youth are incarcerated at rates that far exceed their proportion in the total US youth population and that only 4 peer-reviewed publications inform us of the known health and social risk factors for their detention, the current study makes a significant contribution to understanding the social, mental and behavioral health context of incarcerated NA youth.

CONCLUSION

For disadvantaged youth, including NA youth, juvenile detention is an added stigma that can carry a hidden life sentence, truncating future opportunities and negatively impacting the mental and physical well-being of the detainee. When detained, Native youth are torn from their communities, they are in essence severed from their family, friends, and culture. Ultimately, by providing tribal communities and the juvenile justice system with current data about detainees,

collaborative efforts between the entities can target the identified health, social, and legal conditions of most concern.

ACKNOWLEGEMENTS

The UNM Health Sciences Center's Center for Native American Health (CNAH)

Tassy Parker, PhD, RN; mentor and Director of Research and Development, CNAH

Native American youth

NM Children, Youth and Families Department leaders and Native American Liaisons

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