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When They Need Us Most: The Unaddressed Crisis of Mentally Ill African American Children in the Juvenile Justice System

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WHEN THEY NEED US MOST: THE UNADDRESSED CRISIS OF MENTALLY ILL AFRICAN AMERICAN CHILDREN IN THE JUVENILE JUSTICE SYSTEM

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"The prison *became* our employment policy, our drug policy, our mental health policy, in the vacuum left by the absence of more constructive efforts." – scholar Elliot Currie.[1]

I. INTRODUCTION

Minorities remain overrepresented in the juvenile justice system. Law enforcement continues to arrest, detain, charge and confine minority youth offenders, specifically Black children, disproportionately compared to their white counterparts. Scholars and social scientists have discussed at length this statistical disparity and have considered the causes of the overrepresentation. Mental illness within the African American community signifies one leading factor. Although the juvenile justice system claims to rehabilitate youth offenders, the institutionalization of Black children in juvenile detention centers further victimizes them because mental health issues, often triggered by poverty, family instability and racism, which put many of them behind bars, are exacerbated by their confinement due to colorblind services and in some cases the lack of any treatment at all.

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[1] DOROTHY ROBERTS, SHATTERED BONDS: THE COLOR OF CHILD WELFARE 206 (Basic Books 2002).

Because too many Black children live without health care and come from a culture in which mental illness remains taboo, they never have the opportunity to treat their illnesses and therefore are at higher risk for juvenile confinement. While the state *should* provide treatment for these youth in juvenile detention centers, African American children with mental illnesses often fall between the cracks. Youth offenders in juvenile detention centers are at high risk for physical and sexual abuse by other offenders and staff members and have higher suicide rates than the general youth population. Instead of treating mental illness in youth of color, juvenile detention centers damage them further because of the chaotic environment around them. The state must take on a proactive role in changing the culture of the juvenile justice system to address the unique needs of African American children with mental illnesses. The African American community also must take responsibility to care for our children by accepting the realities of mental illness and encouraging treatment.

Section II of this article discusses the overrepresentation of African American children in the juvenile justice system. This section also examines the various causes, including poverty, lack of family structure and racism, which may explain why the juvenile justice system contains a disproportionate number of Black children.

Section III examines the intersection of mental health issues and the juvenile justice system. Statistics show that juvenile detention centers warehouse mentally ill children. Research suggests detention serves to further worsen the problems of the mentally ill. Finally, this section shows how the juvenile justice system currently fails to address the mental health needs of detained youth.

Section IV of this article discusses the intersection between mental illness and the African American community. Statistics demonstrate the prevalence of mental illness among African Americans. The environmental causes of mental illness are simi-

lar to the reasons Blacks are overrepresented in the juvenile justice system. This section also examines why mental health professionals often underdiagnose or misdiagnose mental illness among African Americans. Even if doctors diagnose Blacks with a mental deficiency, they are less likely than whites to receive appropriate treatment. This section also examines how mentally ill Blacks do not receive treatment because African Americans do not have the same access to care as whites. Moreover, Blacks less often seek treatment for mental health problems because of the stigma of mental illness in the African American community. Finally, this section analyzes how African American distrust of the health care system further alienates Blacks who need mental health treatment.

Section V offers solutions so that the juvenile justice system addresses the mental health issues of detained African American youths. Like Missouri, Illinois should mandate treatment to assist mentally ill youth of all races by using small group homes instead of massive detention centers. Furthermore, the juvenile justice system must work to improve mental health treatment specifically for Blacks. Increasing the number of African American counselors working with Black mentally ill youth provides one viable way to improve services. Prior to detention, members of the legal community must address their own biases that may lead to improper treatment or no treatment at all for Black, mentally ill minors. Finally, the African American community must be educated about mental illness to reduce stigma and improve and encourage treatment for the mentally disturbed. Section VI offers some brief concluding thoughts.

II. Overrepresentation of African Americans in the Juvenile Justice System

Few contest the fact that Black children enter the juvenile justice system at rates disproportionate to their representation in the general population. Statistical data serve to illuminate this

reality. Today, African American children account for 34% of America's youth population, but constitute 62% of detained juveniles.[2]

Not only do Black youth enter the juvenile justice system at alarming rates, but they also face harsher penalties. In 1997, 32% of African American juvenile offenders received the punishment of out-of-home placement, such as a residential treatment center, a juvenile detention center, foster care or a group home, compared to only 26% of white children.[3]

Examining juvenile detention centers alone underscores the starkness of these figures. In 1997, juvenile justice judges shipped 27% of Black children to detention centers, compared to only 15% of white children.[4] Furthermore, the rate at which the system detained Black youths doubled when compared to white children. Between 1988 and 1997, the number of African American children detained increased by 52%, while the numbers of whites detained increased only by 25%.[5] This rise in detention among Black children has skyrocketed for years. In 1977, Black children accounted for only 30% of youths in juvenile detention centers compared to 57% of whites.[6] Only a decade later, *half* of detained youths were African American.[7]

Certain states' statistical data is especially alarming when comparing the detention rates of juveniles of color and whites. Texas provides an elucidatory example. In 1996, minorities represented roughly half of the Texas youth population, but were 65% of the population of detained juveniles and 80% of teens in secure correctional facilities.[8] Furthermore, *all* children sen-

[2] Marian Wright Edelman, *The Disproportionate Number of Minority Youth in the Family and Criminal Court Systems: Remarks & Keynote Address,* 15 J.L. & Pol'y 919, 927 (2007).
[3] Roberts, *supra* note 1, at 202.
[4] *Id.*
[5] *Id.*
[6] *Id.* at 213.
[7] *Id.*
[8] *Id.* at 214.

tenced as adults and serving time in Texas jails were either Black or Hispanic.[9]

While the fact that Black children are overrepresented in the juvenile justice system is clear, the reasons behind this phenomenon are not. The causes of Black youth detention include poverty, lack of family structure and racism.

Poverty represents a fact of life for too many of America's children of color. Poverty, in turn, directly affects the probability of incarceration.[10] Further adding to these statistics is a lack of educational opportunities and resources for children residing in low-income areas. Research shows that Black men with lower levels of education and income not only are less likely to avoid imprisonment in comparison to men who do not fit that profile, but they also receive substantially longer prison sentences.[11] If poverty has this effect on Black men, it is likely that poverty affects African American adolescents in the same manner.

The family lives of African American youth play a crucial role in whether they will end up behind bars. The high incarceration rates of Black mothers and fathers lead to family disruption.[12] In fact, African Americans represent more than half of the prison population in this country.[13] In 1999, seven percent of Black children had a parent in prison.[14] This figure sounds less dramatic until one learns that African American children are nine times more likely to have a parent behind bars than their white counterparts.[15] Unsurprisingly, Black children often lose their

9 ROBERTS, *supra* note 1, at 214.
10 CHILDREN'S DEFENSE FUND, CRADLE TO PRISON PIPELINE CAMPAIGN, POVERTY FACT SHEET, Sept. 4, 2008, *available at* http://www.childrensdefense.org/site/DocServer/CPP_poverty_fact_sheet.pdf?docID=7601. *See also* CHILDREN'S DEFENSE FUND, CRADLE TO PRISON PIPELINE CAMPAIGN, APPENDICES 20, 26, *available at* http://www.childrensdefense.org/site/DocServer/CPP_report_2007_pt4.pdf?docID=5065.
11 ROBERTS, *supra* note 1, at 212.
12 *Id.* at 200.
13 *Id.* at 201.
14 *Id.* at 208.
15 *Id.*

fathers to the system.[16] As of 2002, approximately 800,000 Black men remain incarcerated.[17] Black men, between the ages of 25 and 29, are ten times more likely to be in prison than white men of the same age bracket.[18] Children who lose a parent to prison suffer serious psychological effects. Typically, such children exhibit signs of depression and anxiety and have problems in school.[19]

In addition to losing financial and emotional support from incarcerated parents, Black children also may lose their entire family due to a variety of social problems, including substance abuse and poverty.[20] As a result, many African American children land in foster care. In Chicago, for example, Blacks amount to 95% of children in foster care.[21] In turn, children in foster care remain much more likely to be sent to juvenile detention centers.[22] And thus the cycle continues.

Another factor, often unspoken, that plays a role in how African American children are treated throughout each step in the juvenile justice system – from arrest to sentencing – is the color of their skin. For example, police and judges more often confine Black juveniles than white juveniles in pre-trial detention.[23] This decision later affects the Black youth because children who police detain rather than send home prior to adjudication typically receive harsher sentences.[24] Moreover, judges are two to three times more likely to waive Black children than white children to

16 ERIC BRENNER, NAT'L CTR. ON FATHERS AND FAMILIES, FATHERS IN PRISON: A REVIEW OF THE DATA (1998), http://www.ncoff.gse.upenn.edu/briefs/brennerbrief.pdf.

17 ROBERTS, *supra* note 1, at 201.

18 *Id.*

19 *Id.* at 208.

20 Kevin Graham, *Child Welfare System Biased, Experts Claim: Disproportionate Number of Minorities Affected*, SPOKANE REV., Apr. 4, 2007, at 1A.

21 ROBERTS, *supra* note 1, at 9.

22 *Id.* at 200.

23 *Id.* at 215.

24 *Id.*

adult court for violent crimes.[25] The experience of African American adolescents in juvenile justice systems across the nation reflects this reality, according to the former head of the Massachusetts juvenile correction system, Jerome Miller:

> [T]he black teenager was more likely to be dealt with as a stereotype from the moment the handcuffs were first put on – easily and quickly relegated to the 'more dangerous' end of the 'violent-nonviolent' spectrum, albeit accompanied by an official record meant to validate each of a biased series of decisions.[26]

Naturally, some argue that the types of crimes committed explain the increased rate of detention for African American juvenile offenders. However, statistics demonstrate that the nature of the criminal activity is not the only factor at play. No evidence proves that youth of color commit more crimes than whites.[27] First, police arrest only a mere 15% of all detained juvenile offenders for serious violent crimes.[28] Furthermore, between 1994 and 2000, the arrest rate for juveniles committing violent crimes decreased by 41%.[29] Moreover, numerous studies analyzing juvenile detention show that even controlling for the severity of the crime and for the offender's prior offenses, juvenile judges still gave harsher sanctions to African American youths.[30] For example, Black adolescents are 48 times more likely to be jailed for drug crimes than their white peers.[31]

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25 *Id.* at 217.

26 *Id.* at 215.

27 Kasey Corbit, *Inadequate and Inappropriate Mental Health Treatment and Minority Overrepresentation in the Juvenile Justice System,* 3 HASTINGS RACE & POVERTY L.J. 75, 78 (2005).

28 ROBERTS, *supra* note 1, at 213.

29 Corbit, *supra* note 27, at 78.

30 ROBERTS, *supra* note 1, at 214.

31 Jane Rutherford, *Community Accountability for the Effect of Child Abuse on Juvenile Delinquency in the Brave New World of Behavioral Genetics,* 56 DEPAUL L. REV. 949, 951 (2007).

The fact that African Americans are overrepresented in the juvenile justice system cannot be contended. The poverty and unstable home environment in which too many Black children are raised leads to their confinement, and systemic racism also contributes to their incarceration.[32]

III. The Intersection of Mental Health Issues and the Juvenile Justice System

Although race plays a role in everything it touches, the shortcomings of the juvenile justice system in addressing mental health issues affects all detained children no matter their skin color. Juvenile detention centers function as warehouses for mentally ill children and do little to treat their disorders.[33]

In 2001, a study found that officials thrust about 12,700 youths into the juvenile justice and child welfare systems because of mental illness, and as many as 9000 of those were detained in juvenile centers.[34] A Congressional committee undertook a six-month study in 2003 and determined that almost 15,000 detained children remained incarcerated because they could not afford or access mental health treatment in their communities.[35] The study showed that center officials held children as young as seven because of the need for mental health care.[36] In that study, 71 facilities in 33 states reported detaining youth with mental illness with *no* charges.[37] A 2003 Senate committee also found that 66% of juvenile detention centers admitted to hous-

32 *See generally* Children's Defense Fund, Cradle to Prison Pipeline Campaign, Appendices, *available at* http://www.childrensdefense.org/site/DocServer/CPP_report_2007_pt4.pdf?docID=5065.
33 Corbit, *supra* note 27, at 77.
34 *Id.* at 86.
35 Lois A. Weithorn, *Envisioning Second-Order Change in America's Responses to Troubled and Troublesome Youth*, 33 Hofstra L. Rev. 1305, 1308 (2005).
36 Robert Pear, *Many Youths Reported Held Awaiting Mental Help*, N.Y. Times, July 8, 2004, at A18.
37 *Id.*

ing mentally ill adolescents because they had nowhere else to go.[38]

A federal study released in 2003 revealed that mental illness was pervasive at the Cook County Juvenile Detention Center in Illinois, which at that time was the largest facility of its kind in the nation.[39] The study found that two-thirds of 10 to 18 year-old boys and about three-fourths of girls detained at the facility suffered from diagnosable psychiatric disorders.[40] At that time, the Cook County facility housed 500 children and employed only two psychologists, three psychiatrists and two social workers.[41] Of the 8500 juveniles who enter the Cook County center annually, African Americans represent nearly 90%.[42]

Not only are mentally disturbed youth too often detained, but they also face further victimization because their illnesses only become worse in the facility. Although abuse at home often leads to foster care and in turn, to detention, many children who go into state custody do not receive the protection they deserve. In Maryland juvenile justice facilities, a study showed that the child offenders reported emotional discomfort at a rate that was 92% above the general youth population.[43] Mentally ill youths also have high rates of suicide attempts and report being attacked by others while held in juvenile detention centers.[44] In fact, an incarcerated juvenile is four times more likely to commit

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38 David L. Harvey III, *Theories of Therapeutic Evolution for Juvenile Drug Courts in the Face of the Onset of the Co-occurrence of Mental Health Issues and Substance/Alcohol Abuse*, 19 J.L. & HEALTH 177, 191 (2004-2005).

39 Ronald Kotulak, *Mentally Ill Tax County Juvenile Jail System: Detention Centers Not Equipped for Troubled Inmates*, CHI. TRIB., May 29, 2003, at 1.

40 *Id.*

41 *Id.*

42 Press Release, Nat'l Inst. of Mental Health, Psychiatric Disorders Common Among Detained Youth (Dec. 10, 2002), *available at* http://www.nimh.nih.gov/science-news/2002/psychiatric-disorders-common-among-detained-youth.shtml.

43 Stacey Gurian-Sherman, *Back to the Future: Returning Treatment to Juvenile Justice*, 15 SPG CRIM. JUST. 30, 32 (2000).

44 Corbit, *supra* note 27, at 82.

suicide than the general youth population.[45] Sexual assault in juvenile centers remains more prevalent than in adult correctional facilities, with the rate of substantiated sexual violence ten times higher in juvenile centers than state prisons.[46]

Juvenile detention centers are not known for providing high quality services. In fact, the facilities are renowned for being chaotic environments.[47] Sixty-two percent of juveniles detained remain confined in an institution operating above capacity.[48] Sometimes the children must sleep on the floor of crowded cells, on mattresses side-by-side.[49] Roaches and rodents overrun the detention centers, and the stench of sewage and urine often permeates the facilities.[50]

Worse than overcrowding are the juvenile detention center staff members who use their positions to abuse detainees. An investigation and subsequent federal lawsuit revealed that at least 15 male employees, including guards and teachers, at an Alabama all-girls lockup were fired or suspended after the lawsuit claimed that girls were beaten and raped, and then pressured to have abortions by the guards that impregnated them.[51]

Female youth offenders are not the only ones who suffer abuse at the hands of juvenile detention center personnel. A 16

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45 *Id.* at 87.

46 Press Release, U.S. Dep't of Justice, Office of Justice Programs, Almost 2100 Sexual Violence Incidents Took Place in the Nation's Correctional Facilities During 2004 (July 31, 2005), *available at* http://www.ojp.usdoj.gov/bjs/pub/press/svrca04pr.htm.

47 BUILDING BLOCKS FOR YOUTH, CONDITION OF CONFINEMENT FACT SHEET, *available at* http://www.buildingblocksforyouth.org/issues/conditions/facts/html.

48 Brent Pattison, *Minority Youth in Juvenile Correctional Facilities: Cultural Differences and the Right to Treatment*, 16 LAW & INEQ. 573, 586 (1998).

49 Jessica Jean Kastner, *Beyond the Bench: Solutions to Reduce the Disproportionate Number of Minority Youth in the Family and Criminal Court Systems*, 15 J.L. & POL'Y 941, 971 (2007).

50 *Id.*

51 Jay Reeves, *Charges of Sex Acts Shake Girls' Lockup: Abuse Alleged at Alabama Campus*, CHI. TRIB., June 18, 2001, at 7.

year-old boy sent to the Cook County Juvenile Detention Center for possession of marijuana alleged a guard kicked him and beat him in the head so hard that his eardrum burst.[52] The story underscored the findings of a study that revealed multiple instances of staff assaults on residents at the facility.[53] When the staff members at the facility tired of beating on the residents themselves, some turned to allowing – at times even encouraging – fights between the juveniles.[54] An ACLU lawsuit alleged widespread violence and mismanagement, including staff choking residents, personnel allowing girls to physically fight out their differences and guards laughing while watching fistfights between detainees.[55]

The public should not mistake these anecdotes for isolated incidents. Investigations reveal similar stories in juvenile justice systems across the nation. "Juvenile justice facilities are in a dangerously advanced state of disarray, with violence an almost everyday occurrence and rehabilitation the exception rather than the rule. Abuse of juvenile inmates is routine."[56]

In addition to outright abuse by staff members, juvenile detention centers also lack training for even the most well-meaning staff members. Inexperienced guards receive menial wages; for example, in California, the annual salaries for staff who deal directly with the detainees range from $20,000 to $32,000.[57] Additionally, certain departments hire convicted felons and people with prior criminal arrest histories.[58]

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52 Ofelia Casillas, *Teen Tells of Juvenile Center Beating: Family Plans Suing County over Incident*, CHI. TRIB., Feb. 12, 2006, at 4.

53 *Id.*

54 Ofelia Casillas and Jeff Coen, *Inside Juvenile Prison: County Fights ACLU Charges of Abuse*, CHI. TRIB., Dec. 15, 2005, at 1.

55 *Id.*

56 Angie Cannon, *Juvenile Injustice: Overcrowding, Violence and Abuse—State Juvenile Justice Systems are in a Shockingly Chaotic State,* U.S. NEWS & WORLD REP., Aug. 9, 2004, at 28.

57 *Id.*

58 Kastner, *supra* note 49, at 973.

Because of the lack of training and inadequate facilities, troubled youth do not receive the appropriate treatment they require. Because of the large numbers of juveniles that officials detain in lieu of mental health treatment, the facilities remain unable to keep up with the demand for services.[59] Not only are these children harmed by being warehoused in juvenile detention centers, but it also is costly for the state. A 2004 investigation by Congress determined that it costs about $100 million annually to detain children awaiting mental treatment in their communities.[60]

Typically, juvenile justice systems provide two types of services to detained mentally ill youth – either preventive or therapeutic.[61] The preventive detention facilities, which are the most common type, simply hold the offenders in a secure setting and only provide mandated services, such as schooling and basic health treatment.[62] Juvenile detention facilities only recently began requiring mental health screenings in the last five years.[63] Although the Office of Juvenile Justice and Delinquency Prevention began recommending mandatory screening for detainees in the 1990s, currently doctors assess only 61% of offenders for mental health problems, while officials screen 91% for drug or alcohol use.[64] Focusing on substance abuse in youth rather than their mental health puts the cart before the horse. Because drug and alcohol use often coincides with mental illness, the juvenile justice system should focus its efforts on identifying and addressing mental health issues in order to reduce substance dependency. Although all detained youth should have access to

59 Weithorn, *supra* note 35, at 1377.

60 *Id.*

61 Rani A. Desai et al., *Mental Health Care in Juvenile Detention Facilities: A Review*, 34 J. Am. Acad. Psychiatry L. 204, 206 (2006).

62 *Id.*

63 Nat'l Ctr. for Mental Health and Juvenile Justice, Mental Health Screening within Juvenile Justice: The Next Frontier 1, 8 (2007), *available at* http://www.modelsforchange.net/pdfs/MH_Screening.pdf

64 Desai et al., *supra* note 61 at 205, 208.

mental health services, only 77% of juveniles in detention centers have access to some sort of informal counseling or support services.[65] Of the offenders likely in need of the most services – sex offenders and violent offenders – only a little more than 20% have access to services specifically tailored to their unique needs.[66]

Because the state holds many adolescents in confinement due to their mental illness, the facilities should protect and treat them instead of damaging them further. Section V of this article discusses in greater detail the therapeutic approach, of which Missouri is a key model. The section also examines various ways in which the juvenile justice system can treat juveniles beyond the traditional preventive philosophy.

IV. The Intersection of Mental Health Issues and African Americans

Mental illness represents one major reason behind the detention of African American youths. Statistics clearly show a link between mental illness in the Black community and incarceration. Furthermore, evidence suggests that Blacks have more unmet mental health needs than whites.[67]

The causes of the high prevalence of mental illness in the Black community are similar to the reasons that African Americans are disproportionately represented in the juvenile justice system. Just as poverty contributes to incarceration, poverty also has a direct effect on mental health.[68] A study of poor mothers on welfare revealed higher than average rates of depression and

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[65] *Id.* at 208.

[66] *Id.*

[67] *Investigators at San Diego State University Zero in on Mental Health*, Obesity, Fitness & Wellness Wk., Aug. 4, 2007.

[68] Children's Defense Fund, Cradle to Prison Pipeline Campaign, Appendices 25, *available at* http://www.childrensdefense.org/site/DocServer/CPP_report_2007_pt4.pdf?docID=5065.

psychological distress.[69] In that study, 48% of welfare recipients reported poor mental or general health.[70]

Although abuse occurs at every income level, chronic poverty also correlates to high incidence of child abuse.[71] Of all the recognized risk factors present when child abuse occurs, researchers most frequently cite poverty by far.[72] While the correlation between poverty and child abuse is well-documented, the reasons behind this reality are not as clear. Children who grow up poor more often suffer from physical abuse and neglect, which may be caused by the stress of the impoverished parent or less access to social services.[73] Child abuse affects children's immediate and long-term mental health.[74]

In addition to higher rates of child abuse, growing up in impoverished areas also exposes children to violence in the neighborhood, which may lead to post-traumatic stress disorder.[75] Specifically, a study determined that more than 25% of Black youths exposed to violence exhibited signs of post-traumatic stress disorder.[76] A 1990 study showed that 20% of Black children – compared to only one percent of white children – lived in neighborhoods in which at least 40% of their neighbors consisted of poor families.[77]

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69 ROBERTS, *supra* note 1, at 31.

70 *Id.*

71 CRAIG HANEY, DEATH BY DESIGN: CAPITAL PUNISHMENT AS A SOCIAL PSYCHOLOGICAL SYSTEM 195 (Oxford University Press 2005).

72 DR. LESA BETHEA, AMERICAN FAMILY PHYSICIAN, PRIMARY PREVENTION OF CHILD ABUSE (1999), *available at* http://www.aafp.org/afp/990315ap/1577.html.

73 *Id.*

74 Nat'l Inst. of Mental Health, Child Abuse and Neglect Program, http://www.nimh.nih.gov/about/organization/ddtr/child-abuse-and-neglect-program.shtml (last visited Aug. 2, 2008).

75 HANEY, *supra* note 71, at 197.

76 OFFICE OF THE SURGEON GENERAL, U.S. DEP'T OF HEALTH AND HUMAN SERVICES, FACT SHEETS, AFRICAN AMERICANS: NEED FOR MENTAL HEALTH CARE, *available at* http://mentalhealth.samhsa.gov/cre/fact1.asp.

77 ROBERTS, *supra* note 1, at 46.

Poverty also leads to exposure to environmental factors that may contribute to mental illness. For example, environmental toxins, such as lead, affect brain development.[78] In fact, African American children are five times more likely than their white peers to suffer from lead poisoning.[79] People exposed to even low-levels of lead can suffer from lower IQ, behavior issues and learning disabilities.[80] Even setting environmental toxins aside, poverty in and of itself maintains a causal link to mental illness. People in the lowest income bracket are two to three times more likely to suffer from a mental disorder than those living at the highest income level, likely due to poverty-triggered stress.[81]

While poverty can correlate to poor mental health, mental illness affects Blacks on all income levels. According to the California Black Women's Health Project, the depression rate for African American females remains about 50% higher than that of their white counterparts.[82]

Furthermore, the deteriorating Black family also correlates to the mental health of children. A study of children with incarcerated mothers revealed that these youngsters displayed symptoms similar to post-traumatic stress disorder.[83] Although many write about the prevalence of incarceration among Black men, the rates of confinement for Black women prove to be just as disconcerting. From 1985 to 1995, the number of imprisoned Black women increased by a startling 200%.[84] More mothers put

78 Corbit, *supra* note 27, at 82.

79 *Id.* at 82 n.44.

80 *Id.*

81 CTR. FOR MENTAL HEALTH SERVS., U.S. DEP'T OF HEALTH AND HUMAN SERVS., MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY – A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL 39 (2001) [hereinafter SURGEON GENERAL REPORT], http://download.ncadi.samhsa.gov/ken/pdf/SMA-01-3613/sma-01-3613.pdf.

82 Kamika Dunlap, *Blacks Shy from Mental Health Care*, ALAMEDA TIMES-STAR, Oct. 29, 2005.

83 ROBERTS, *supra* note 1, at 208.

84 *Id.* at 210.

behind bars only increases the number of children left motherless with psychological scars.

Moreover, racism also has a psychological impact on African Americans. Microaggressions against Blacks by whites serve as environmental stress that weighs on the Black psyche.[85] Although research has yet to show a definite link between racism and mental illness, racial discrimination puts African Americans at a higher risk for mental disorders such as depression and anxiety.[86] Additionally, studies that do examine racism show how discrimination affects mental health. A survey revealed that while whites rarely think about their race, about 22% of Black respondents said they constantly think about their race and about 50% said they think about their skin color at least once a day.[87] Harvard researchers determined that a one percent increase in occurrences of racial disrespect will result in an additional 350 deaths per 100,000 African Americans.[88] Experts have found that both mental and physical health suffer due to stress from racism.[89]

African Americans themselves may not even be consciously aware of how they are affected by racism. A study on racism with African Americans from diverse backgrounds suggested that more than 90% of Blacks have been discriminated against, even though they reported having never experienced discrimination.[90] Such denial often can have a more detrimental effect on children. The study found that mental health problems, such as depression and anxiety, occurred at significantly higher rates

85 HANEY, *supra* note 71, at 199.

86 SURGEON GENERAL REPORT, *supra* note 81, at 38.

87 Healthy Place.com Anxiety Community, *Racism is Harmful to Your Mental Health* (Jan. 9, 2003), http://www.healthyplace.com/Communities/Anxiety/minorities_2.asp (last visited Aug. 2, 2008).

88 *Id.*

89 *Id.*

90 Margaret O'Brien Caughy et al., *Experiences of Racism Among African American Parents and the Mental Health of Their Preschool-Aged Children*, 94 AM. J. PUB. HEALTH 2118, 2118 (2004).

among youngsters whose parents denied the effects of racism on themselves and Blacks generally.[91]

Overall, African Americans remain less likely than whites to receive mental health treatment. Data show that 21.9% of African American youths suffer from a mental disorder, but only 3.2% actually saw a mental health provider during a three-month period.[92] Furthermore, studies show that Blacks are much more likely to be sent to a juvenile detention center than receive mental health services. Findings from 1992 revealed that Blacks represented 23% of children in the state of New York's mental health facilities, while Blacks represented 56% of youth in the juvenile justice system.[93]

Unfortunately, doctors often improperly diagnose mental illnesses in African Americans. Research from the 1980s revealed that Black patients who had been admitted into a psychiatric facility due to schizophrenia were more likely than their white peers to be re-diagnosed as depressed.[94] One study of patients in Midwestern psychiatric hospitals showed that, in comparison to whites, Black patients were more likely to be diagnosed as schizophrenic rather than be diagnosed as having a mood disorder.[95] Some attribute the misdiagnosis or underdiagnosis of mental illness among African Americans to doctors' unfamiliarity with behavior and language patterns in the Black community.[96]

Furthermore, African Americans – particularly males – are more likely to be mislabeled as simply "bad boys."[97] This label

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91 *Id.*

92 Tyehimba Hunt-Harrison et al., *Confronting Barriers: Many Factors Influence African-American Children's Involvement in Mental Health Services*, BEHAV. HEALTHCARE TOMORROW, Sept. 1, 2006, at 27.

93 W. John Thomas et al., *Race, Juvenile Justice, and Mental Health: New Dimensions in Measuring Pervasive Bias*, 89 J. CRIM. L. & CRIMONOLOGY 615, 638 (1999).

94 ROBERTS, *supra* note 1, at 60.

95 *Id.*

96 *Id.*

97 HANEY, *supra* note 71, at 196.

makes African American boys more susceptible to placement in special education programs, which notoriously provide low quality education.[98] Additionally, school officials disproportionately discipline Black children with suspension and expulsion in schools throughout the country.[99]

Psychologists also may misinterpret mental illness as being aggressive or dangerous.[100] While many whites exhibit their emotional disturbances through hurting themselves, some Black children demonstrate their dysfunction by attacking others, which results in the perceived need for incarceration to protect the public.[101]

In addition to not receiving counseling services, Blacks also are less likely than whites to receive psychotropic medications.[102] The same remains true for antidepressant medication, with only 27% of Blacks compared to 44% of whites receiving antidepressants.[103] The failure of doctors to prescribe medication remains particularly troubling when one considers that medication and other therapies treat 80 to 90% of mental disorders.[104] Additionally, Black mental health patients receive treatment for shorter periods of time than whites.[105]

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98 Theresa Glennon, *The Stuart Rome Lecture, Knocking Against the Rocks: Evaluating Institutional Practices and the African American Boy*, 5 J. HEALTH CARE L. & POL'Y 10, 19-20 (2002).

99 Howard Witt, *School Discipline Tougher on African Americans*, CHI. TRIB., Sept. 25, 2007, at 1.

100 Corbit, *supra* note 27, at 83-84.

101 *Id.* at 85.

102 Alfiee M. Breland-Noble et al., *Family First: The Development of an Evidence-Based Family Intervention for Increasing Participation in Psychiatric Clinical Care and Research in Depressed African American Adolescents*, FAMILY PROCESS, June 1, 2006, at 153.

103 SURGEON GENERAL REPORT, *supra* note 81, at 67.

104 OFFICE OF MINORITY HEALTH, CTR. FOR DISEASE CONTROL, ELIMINATE DISPARITIES IN MENTAL HEALTH (2007), http://www.cdc.gov/omh/AMH/factsheets/mental.htm (last visited Aug. 2, 2008).

105 Hava B. Villaverde, *Racism in the Insanity Defense*, 50 U. MIAMI L. REV. 209, 217 (1995).

The failure of mental health professionals to address the problems faced by Black youths not only increases their risk for incarceration, but it also may lead to a premature death. A Surgeon General Report determined that the suicide rate among African American boys between the ages of 10 to 14 increased by 233% from 1980 to 1995.[106]

Although cultural misunderstanding may lead to misdiagnosis, outright racism also contributes to the lack of appropriate treatment of Black mental health. Allegations that staff at a Florida mental health care provider used racial epithets and kicked out Black patients for non-compliance led to an investigation of the agency, which provided court-ordered mental health services and ran a jail diversion program.[107] Although examples of outright racial discrimination by mental health professionals are not well-documented, evidence of systemic bias is clear. Studies show white psychologists more often characterize Black clients as violent, spend less time with them than with white patients and provide them with the less-preferred treatment of medication only or with minimal patient-doctor contact.[108]

African American children also are less likely to receive mental health treatment because of racial bias in the juvenile justice system. A 1997 study of the California foster care system showed that white youths were more likely than Black children to receive mental health services, particularly psychotherapy and counseling, often because lawyers more likely fought for it, caseworkers more likely recommended it, and judges more likely approved it.[109]

In the event that Blacks are able to receive a diagnosis for their mental deficiency, they still are less likely to receive appro-

106 SURGEON GENERAL REPORT, *supra* note 81, at 61.
107 Marcus Franklin, *DCF Investigates Health Care Provider*, ST. PETERSBURG TIMES, Aug. 2, 2005, at 3B.
108 Glennon, *supra* note 98, at 26-27.
109 ROBERTS, *supra* note 1, at 22.

priate treatment. America now relies on the private sector to meet the health care needs of its citizens.[110] This means that fewer people receive public mental health services, and only those with money obtain inpatient treatment.[111] One out of every four Black Americans does not have health insurance.[112] The privatization of health care, of course, is not a problem only affecting African Americans because more than 9 million children nationwide do not have health insurance.[113]

Despite the socioeconomic forces at work that interfere with African Americans seeking mental health treatment, there also are at least two reasons that some African Americans choose to their own detriment not to receive treatment – their religious beliefs and their distrust in the health care system.

Religious faith remains important in the African American community. Some Blacks believe any mental deficiencies may be due to spiritual weakness.[114] Evidence suggests African Americans are more likely to seek initial help from a religious leader for guidance and support for behavioral or emotional problems.[115] In fact, one study showed that Black families were 0.37 times as likely as Caucasian families to initially consult with a mental health professional.[116] Because the church historically has provided counseling services for drug abuse, domestic violence and marital problems, many African Americans turn to their faith to address mental illness issues.[117] Many believe prayer will release them from the devil's grip.[118] This reliance only on prayer and not on traditional mental health services often leads to diagnosable mental illnesses being left untreated,

110 Weithorn, *supra* note 35, at 1385.
111 *Id.*
112 SURGEON GENERAL REPORT, *supra* note 81, at 63.
113 Wright Edelman, *supra* note 2, at 924.
114 Breland-Noble, *supra* note 102.
115 *Id.*
116 *Id.*
117 Hunt-Harrison et al., *supra* note 92.
118 *Id.*

which may further aggravate the problem later.[119] Although spirituality has its own positive impact on mental health, religion alone cannot cure most mental illnesses.

Relying on religious faith may provide solace to many African Americans, especially those who do not have confidence in the mainstream medical community. African American distrust in the health care system is not unfounded. During slavery, for example, many doctors from the South claimed slaves suffered from drapetomania – the disease to run away – and treated their ailment by amputating their toes.[120] The Tuskegee experiment provides an even more deeply troubling example of the mistreatment of Blacks by the medical community. From 1932 to 1972, the U.S. Public Health Service experimented on nearly 400 Black men, mostly poor Alabama sharecroppers, who did not receive treatment for syphilis despite the availability of a cure.[121]

The significance of the collective African American memory of the Tuskegee experiment cannot be underestimated. One survey of Blacks in Detroit discovered that 81% of Blacks knew about the syphilis study.[122] Not only are African Americans acutely aware of this deplorable act of discrimination in the name of science, but this knowledge also affects their views of the medical profession. The same study found that 46% of Blacks surveyed stated their knowledge of the Tuskegee experiment would impact their decision to participate in future medical research.[123] Because of this legitimate skepticism of the

119 Press Release, Nat'l Institute of Mental Health, Mental Illness Exacts Heavy Toll, Beginning in Youth (June 6, 2005), *available at* http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml. *See also* Byron Williams, *More than demons at work in mental illness*, OAKLAND TRIB., July 27, 2006.

120 Dunlap, *supra* note 82.

121 *Id.*

122 Breland-Noble, *supra* note 102.

123 *Id.*

medical profession, many African Americans do not seek the mental health treatment they need.[124]

One cannot deny the high rates of mental illness in the African American community. Blacks do not receive appropriate mental health care for a variety of reasons. Because statistics prove that thousands of children live in juvenile detention centers because of the lack of mental health services, one can easily conclude that many such youths are African American. Although mental health treatment must be improved for all African Americans, Black mentally ill youth are the most at need for better and more complete services. Because so many of these children end up in confinement in juvenile detention centers, it is incumbent on the system to meet this ever increasing need.

V. Solutions for How the Juvenile Justice System Should Address the Mental Health Issues of African American Youth

Unfortunately for Black juvenile offenders with mental illness, there is no panacea to the problems they face. However, it remains clear that the state must take the lead in addressing the crisis. Preferably, each state legislature should embark on creating a system that assists all mentally ill youth and does not simply warehouse them behind bars.

The federal government took an important stance on this issue in 1992 when Congress required state-run facilities receiving federal funds to reduce the disproportionate confinement of minority juveniles.[125] While this step was important, it has not fixed the problems of racial disparities in confinement and has done little to address the need for appropriate mental health treatment for Black youth offenders.

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124 *See* Hunt-Harrison et al., *supra* note 92, at 27.

125 Olatunde C.A. Johnson, *Disparity Rules*, 107 Colum. L. Rev. 374, 374 (2007).

In order to address the mental health issues prevalent in juvenile justice systems across the country, certain departments have implemented mental health court programs to assist mentally ill youth offenders. Santa Clara, California unveiled the first such program in the country.[126] While still holding these children accountable for their actions, the court uses diagnostic and therapeutic programs to treat children and reduce their recidivism.[127] First, the offender receives a holistic mental health assessment.[128] Next, a probation officer who acts as a court liaison monitors the offender's treatment plan and provides a report on the assessment's findings in a multi-disciplinary team meeting.[129] A specially-trained prosecutor decides whether the offender should enter the mental health program based on the offense and any prior criminal acts.[130] A judge makes the final determination on the disposition of the case and reviews the child's progress with school, therapy and medication every 30 to 90 days.[131] Although this program is not open to every minor offender, non-violent juveniles who are diagnosed with a serious mental illness are eligible.[132]

This individualized therapeutic approach to juvenile justice is ideal for Black, mentally ill minor offenders. Many of these children have been neglected by their families and communities and abused by the system. Although few view prosecutors and probation officers as pro-offender, the California program shows workers in the system can provide more than just punishment. By focusing on the unique needs of Black children, a mental health court program can heal the child in addition to stopping crime. If the mental illness of the child is treated, she will be

126 Harvey, *supra* note 38, at 193.
127 *Id.*
128 *Id.* at 194.
129 *Id.* at 194-95.
130 *Id.* at 195.
131 Harvey, *supra* note 38, at 195-96.
132 *Id.* at 196.

more likely to stay out of trouble and become a productive member of society.

Perhaps even more drastic than separately funded mental health courts is the move made by Missouri officials in 1983 when the state closed all of its youth prisons and divided offenders into small youth homes among five regions across the state.[133] Professional youth specialists run the decentralized houses, and residents are placed in the community houses within 30 to 50 miles of their homes so their families can visit them.[134]

Missouri's Division of Youth Services places more than 1300 troubled youths throughout its state into 31 residential homes each year and assigns each an individual case manager.[135] The case manager ensures the minor improves their self-esteem and their ability to make positive decisions.[136] Unlike traditional detention centers, all of the staff members have college degrees and receive comprehensive training.[137] Also, in contrast to the typical juvenile jails, the homes are small and none house more than 85 beds; all but three of the 31 homes contain 33 beds or less.[138]

In addition to counseling sessions with groups of 10 to 12 youths, Missouri's program also allows for family therapy – an important component to healing the whole child.[139] Moreover, that state remains dedicated to educating the child and providing for his or her future. Case managers aid the minors in entering GED classes, vocational training and even college.[140] Additionally, in 1995, the state launched a work experience pro-

133 Wright Edelman, *supra* note 2, at 937.
134 Kastner, *supra* note 49, at 974.
135 *Id.* at 974-75.
136 *Id.* at 974.
137 *Id.*
138 *Id.*
139 Mo. Dep't of Soc. Services, Missouri's Division of Youth Services: Programs and Services 1, 4 (2003), http://www.dss.missouri.gov/dys/articles/progservice.pdf.
140 *Id.* at 3.

gram and placed 195 youths in jobs at non-profit agencies, where they paid down their restitution orders.[141] The number of youths taking advantage of the job readiness program surged from 195 to 1072 in seven years.[142]

Although tough-on-crime pundits often call for confinement, data prove Missouri's softer, gentler approach works better than punishment alone. The juvenile courts there recommit only about ten percent of Missouri detainees who complete the program.[143] Recidivism rates in other juvenile justice systems often exceed 50%.[144] In California, for example, the recidivism rate was 91% in 1998 to 1999.[145] Moreover, the Missouri facilities report lower rates of violence and no suicides.[146]

If states across the nation follow Missouri's lead, children of all colors will benefit. However, Black children likely would receive the biggest advantage because of their disproportionate confinement in the system. Instead of being nameless, faceless numbers in the system, African American children would get real treatment in a more personal setting. Specifically, Missouri's Division of Youth Services recognizes the need for and provides an "ethnically sensitive environment."[147] The division's program brochure elaborates: "The individualized and balanced approach helps overcome some of the obstacles created by diversity of the state. Community support, parental involvement and a system of services combine to provide an individualized and comprehensive approach to rehabilitative services for Missouri's youth."[148] Furthermore, if Missouri's model is followed, Illinois will likely receive an economic benefit, as Missouri's cost

141 *Id.*
142 *Id.*
143 Editorial, *The Right Model for Juvenile Justice*, N.Y. TIMES, Oct. 28, 2007.
144 Kastner, *supra* note 49, at 966.
145 Ctr. on Juvenile & Criminal Justice, Reforming the Juvenile Justice Sys., http://www.cjcj.org/jjic/reforming.php#msm (last visited Aug. 2, 2008).
146 Kastner, *supra* note 49, at 976.
147 MO. DEP'T OF SOC. SERVICES, *supra* note 139, at 1.
148 *Id.* at 7.

for treating each youth is much lower than the cost of detaining a youth in many other states.[149] Missouri's Division of Youth Services spends about $103 each day per youth in the program, compared to Florida's estimated cost of $271 per day for detaining each of their juvenile offenders.[150]

If state government is not equipped to create such a system right away, the legislature should start by convening a commission to study the problem of warehousing the mentally ill and specifically examining the overrepresentation of children of color in the juvenile detention system.[151] By establishing a commission, the state can examine its unique institutional challenges and study the success stories of Missouri's small group home program and California's mental health court service. Such a commission must include not only criminal justice experts, but also professionals specializing in treating troubled youth – specifically those living with diagnosable mental illnesses. Most importantly for children of color, the commission must be honest about the state's ability to assist Black children by scrutinizing any disproportionate minority confinement rates and the number of African American personnel working within the system.

Two ways state leaders can address the growing crisis of mentally ill Black youth not receiving appropriate treatment are increasing the number of African American counselors treating troubled youth and providing cultural sensitivity training to all psychologists. When doctors bring their own biases to work when treating kids, the ramifications can be serious. One study showed that Black detained juveniles were four times more likely to be physically restrained than their white peers who acted aggressively in similar ways.[152] Just as racism creeps into the unconscious minds of police officers who arrest, attorneys who

149 Kastner, *supra* note 49, at 974.

150 *Id.* at 978.

151 Weithorn, *supra* note 35, at 1479.

152 Corbit, *supra* note 27, at 80.

prosecute and judges who sentence Black youths,[153] psychologists also remain susceptible to letting bias affect their decisions in treating mentally disturbed African American offenders. The profession as a whole has recognized the need for cultural sensitivity training, and The Council on Social Work Education mandates cultural competence training.[154]

Encouraging African Americans to enter the psychiatric field and providing incentives for Blacks interested in psychology will assist mentally ill Black children. Currently, Blacks constitute a mere two percent of psychiatrists and psychologists and only four percent of social workers in America.[155] Perhaps graduate and medical schools should specifically seek out African American students and make this desire for diversity clear in their admission and scholarship policies.

In addition to increasing the number of African American counselors, state governments should insist upon cultural sensitivity training for all judges and lawyers, in particular those working with youth offenders. Requiring cultural awareness training in the legal profession is not unheard of. In 2001, the Oregon Supreme Court adopted an amendment to the state's Continuing Legal Education ("CLE") mandate requiring attorneys to take three hours pertaining "to the role of lawyers concerning racial and ethnic issues, gender fairness, disability issues and access to judges."[156] Although many heralded the requirement as a way to bring attention to racism in the justice system, unsurprisingly, some whites resented the CLE classes.[157] One attorney wrote in an evaluation after a session: "I didn't learn how

153 Jose M. Abreu, *Racial Bias in Clinical Practice*, PERSPECTIVES (2000), *available at* http://addictionrecov.org/paradigm/P_PR_W00/perspectives.htm.
154 Martell L. Teasley, *Perceived levels of cultural competence through social work education and professional development for urban school social workers*, J. OF SOC. WORK EDUC., Jan. 1, 2005, at 85.
155 SURGEON GENERAL REPORT, *supra* note 81, at 63.
156 Janine Robben, *Membership to Consider MCLE Rule Change on EOB Credit Enforcement*, OR. STATE BAR BULLETIN, Feb.-Mar. 2006, at 11.
157 *See, e.g., id.*

to eliminate bias in Oregon courts today, but I did learn that I am a horrible person, in fact, for being white, and that, in law, people of color are good."[158]

Although some have challenged the requirement as a First Amendment violation, at least two state supreme courts (Minnesota and California) have upheld these elimination of bias training requirements.[159] While the jury is still out as to whether these CLE courses have an effect on the justice system, they certainly cannot hurt. The states that have passed the elimination of bias requirement have done so in the face of overwhelming evidence of racism within the system.[160] Although these courses do not provide a magic bullet, they do bring awareness to the problem and force attorneys who otherwise may believe they are not part of the problem to think about their own inherent biases.

Creating more race-conscious mental health services in the juvenile system will improve treatment for Black children. If counselors recognize the cultural differences among African American juvenile offenders and their white counterparts they may be more willing to focus on providing therapeutic rather than correctional services.

In addition to reform within the juvenile system, other social changes also must be made. Steps must be taken to reduce the stigma of mental illness in the general population and specifically within the African American community. This can be accomplished through public education efforts.[161] Black churches must take the lead in discussing mental health and encouraging congregations to seek appropriate treatment from mental health

158 *Id.* at 12.

159 David L. Hudson, Jr., *Minnesota Court Supports CLE in Freedom of Speech Challenge*, A.B.A. J. E-REPORT, Apr. 2, 2004. Thus far, a total of five states require elimination of bias training for lawyers (California, Minnesota, Oregon, Washington and West Virginia). *Id.*

160 *See, e.g.,* Robben, *supra* note 156, at 10; *see also* ROBERTS, *supra* note 1, at 215.

161 Weithorn, *supra* note 35, at 1501.

professionals. Black churches often include weekly Bible study groups and topic-specific ministries, such as women's, men's and married couples'. Black church leaders can serve God by continuing to preach the importance of prayer, but also help congregation members by insisting upon mental health treatment. The Black church also is renowned for providing community services,[162] and linking worshippers to counselors should be no exception. The African American community looks to the church for guidance and if ministers begin to preach that no one should be ashamed of their mental illness and instead should seek therapy, perhaps much of the stigma surrounding mental disturbances can be reduced.

Moreover, Black churches also can step up and fill in the gaps in the areas that cause African Americans to suffer from mental disturbances in the first place. As discussed earlier, poverty, family disruption and racism all contribute to mental illness among African Americans. Although Black churches cannot single-handedly cure all societal shortcomings, perhaps church groups can provide services that the mainstream community cannot, such as family therapy as well as job training and placement. If large-scale social programs are not financially feasible, African American churches can at the very least provide youth programming and outreach to troubled youth. By taking ownership of the problem, Black church leaders can create solutions rather than simply provide spiritual repair after the system has failed its flock.

The schools also must play a role in addressing the mental health crisis for African American children. The greatest proportionality of youth who actually receive mental health treatment obtain these services through the school system.[163] Only 20% of children with serious emotional disturbances receive special mental health treatment, and almost half of those youths

162 Williams, *supra* note 119; *See generally* Hunt-Harrison et al, *supra* note 92.

163 Weithorn, *supra* note 35, at 1321.

receive the care only in school.[164] More and more research reveals that mental health services in the schools are effective in helping mentally disturbed children.[165] Because so many Black parents are unable to enroll in mental health services due to lack of health insurance and finances, the public school system can and should provide such services at no cost to the family. Providing in-school counseling may create an upfront cost to the state, but the government will save money by diverting many students away from the juvenile system by treating them instead of incarcerating them.

Although some will argue that implementing the above recommended changes will be costly, it is the current system that is economically unsound. Treatment of a Black child's mental illness will lead to the reduction of child welfare intervention, disruption in the schools and recidivism in juvenile offenders, all of which are costly to the state.[166] Missouri officials have proven that the old system of mass confinement remains counterproductive, and that a new model of individualized treatment can help all children and will provide the type of real intervention Black children desperately need.

VI. Conclusion

Statistics and studies are clear – African American youth are more likely to be detained and receive harsher sentences for their crimes than their white counterparts. Adolescents with mental illness continue to be incarcerated in mass numbers. Black children with mental health issues do not receive the attention and treatment they need to address the reasons they are behind bars in the first place or to assist them in their rehabilitation. The consequences of not doing so will continue to haunt these children for the rest of their lives. Entering into the juve-

164 Glennon, *supra* note 98, at 23-34.
165 Weithorn, *supra* note 35, at 1360.
166 *Id.* at 1503.

nile justice system in itself dooms children not only to later incarceration,[167] but also to an early, violent death.[168] The state must step up and develop more constructive efforts than confinement to protect these fragile children when they need protection the most.

[167] Corbit, *supra* note 27, at 77.

[168] Meg McSherry Breslin, *Juvenile Offenders at Risk to Die Early: Study Finds High Mortality Rate*, CHI. TRIB., June 6, 2005, at 3. A study following 1829 youths entering Cook County Juvenile Detention Center for four years found that youths in the juvenile system are four times more likely to die violently early on in life when compared to the general adolescent population. The majority of the subjects were African American, and Black males had the highest mortality rate. Ninety percent of those who died were murdered, and most were shot to death. *Id.*