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Families and the Juvenile Justice System: Considerations for Family-based Interventions

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Abstract

We conducted focus groups with defense lawyers, clinicians and education advocates to gather their perspectives on families' experiences with the juvenile justice system. Our qualitative descriptive analysis revealed themes ranging from poor treatment of families to solutions suggesting giving power back to families. These perspectives may provide insights about the context in which families are expected to participate in interventions, meet probationary demands, and provide for their youth's wellbeing. The results support evidence gathered from families about the impact of youth incarceration on their lives and has implications for practitioners and researchers working with families whose youth have been incarcerated.

Keywords

Youth; Families; Juvenile Justice System; Recidivism; Mental Health Disparities

INTRODUCTION

There continues to be persisting overrepresentation of youth of color and youth who lack access to quality mental health care in the juvenile justice system.¹ For system involved

youth, the cumulative impact of this disproportionality includes a range of negative outcomes which include increased rates of incarceration, decreased educational and employment opportunities, and poorer health. Family-based programs have been cited as potentially effective tools for reducing recidivism rates and addressing underlying mental health challenges. We sought the perspectives of key system representatives who work closely with families to gain insight into the challenges facing families whose youth are in the juvenile justice system. These perspectives may provide insights about the context in which families are expected to participate in interventions, meet probationary demands, and provide for their child's wellbeing.

BACKGROUND

Youth incarceration is a health issue that exposes inequities on multiple levels. No economically comparable nation in the world incarcerates as many youth as the United States,² and youth of color are disproportionately represented in the United States' juvenile justice system. While youth of color only represent 44% of the nation's youth, they are approximately 68% of detained youth,³ and black youth are 2 out of every 5 youth detained.⁴ While youth incarceration rates have decreased in the past few decades, the gap between detained black youth compared to white youth increased by 15% from 2003–2013.³

In addition to the racial disparities in incarceration rates, criminal justice systems have morphed into de facto mental health service institutions for people of color and the un- or poorly-insured.^{5–9} As a result, there is an overrepresentation of youth with mental illness who are either incarcerated or on probation. It is estimated that approximately 70% of incarcerated youth meet the criteria for at least 1 psychiatric diagnosis.⁷ The most prevalent mental health conditions are substance abuse and depression, and approximately 25% of youth incarcerated have a mental illness that requires immediate treatment.⁷ These disparities are exacerbated by social inequalities that include the criminalization of substance use and the lack of accessible and effective community mental health facilities, all of which have negatively impacted the health of youth in the juvenile justice system.^{10–11}

Incarceration exposes youth to increased violence, limited educational and employment opportunities, poor health outcomes, and increases their risks of being re-incarcerated as an adult. Substantial evidence gathered from both youth and system administrators document the ways that youth are exposed to violence from staff and other incarcerated youth.^{4–5,12} Department of Justice audits of detention facilities across the nation have revealed cases of physical beatings and sexual traumas.⁶ A number of studies have documented the school to prison pipeline and that a substantial number of youth that come into contact with the juvenile justice system do so as a direct result of criminalization practices and the physical presence of officers on school campuses.^{11,13–14} Once incarcerated, they are vulnerable to poor educational outcomes and upon leaving they are less likely to re-enroll into school or to be able to find employment.^{15–16} For example, compared to 1 in 10 of all youth in the Los Angeles Unified School District (LAUSD), 1 in 5 probation-involved youth in LAUSD is categorized as special education, and only 11.1% of probation students in 2006–2007 passed the annual High School Exit Exam, a proxy for estimating high school graduation rates.¹⁷

A significant proportion of youth who are incarcerated have poor underlying mental health and being incarcerated is independently associated with worse adult mental health outcomes. Described as the “institutionalization of stress and stress proliferation,” incarceration has been causally associated with stress-related illnesses such as hypertension, posttraumatic stress disorder, fatal drug overdose, and suicide.^{18–20} Recently, Barnert et al. connected the cumulative duration of incarceration to poorer health by finding that the longer a young person is incarcerated earlier in life the worse their physical and mental health outcomes will be in adulthood.²¹

The documented evidence suggests that the cumulative exposure to incarceration adversely impacts a young person across many vital developing points and dimensions of their lives. These documented inequities strongly support the need to prevent youth from being incarcerated to begin with and to reduce the chances of youth getting further entrenched in the system once they have been incarcerated. Yet, incarcerated youth have a high probability of recidivism. While estimates on recidivism vary from state to state, a 2011 published report from the Annie Casey Foundation estimated that across the nation, approximately 70–80% of youth are rearrested within two to three years of being released from confinement.⁴

Family-based interventions may be effective in addressing recidivism. Specifically, incorporating families into the care that youth are receiving both during and after incarceration is important. There is a growing appreciation for interventions that incorporate families such as multi-systemic therapy (MST), functional family therapy (FFT) and multidimensional family therapy (MDFT). These family based approaches are based on numerous empirical investigations finding that therapies and interventions that incorporate families are effective.^{4,22–28} We consider however the evidence gathered from families on *how* incarceration has impacted their lives. In reviewing the literature, we find evidence that the criminal justice system is “imprisoning communities”²⁹ and that significant challenges for youth and families of adults who are incarcerated exists.^{29–32} These studies suggest that there may be important contextual factors of families’ experiences during both incarceration and the post-incarceration periods that may compromise the ability for family-based interventions to be as effective as needed. While a few national surveys have been conducted, the literature focusing on the experience of the family of youth in the juvenile justice system (versus adults) is not as well developed.^{24,33–35} Within the limited published literature and reports, substantial family difficulties are documented. These challenges include struggling to stay connected to their youth during incarceration and structural barriers in meeting the terms of probation. Families are trying to meet the terms of probation while struggling to meet basic economic, housing, and education needs. Reports document how families perceive that the system does not value them as parents and instead blames them for their child’s incarceration.³³ These results and testimonies suggest more focused attention needs to be given to the contexts in which families are expected by the juvenile justice system to participate in interventions and to prevent their child’s re-incarceration or further entrenchment.

This paper describes families’ experiences with their youth’s incarceration from the perspectives of key system representatives and considers the subsequent impact this could have on their ability to participate and benefit from family-based therapies. We held focus

groups with representatives of the Department of Mental Health and the juvenile justice system in Los Angeles County to discuss their perceptions on how families experience their youth's incarceration and post-incarceration responsibilities. These representatives' insights contribute to the growing evidence being gathered from families themselves regarding their experiences. These representatives spend considerable amount of time with families, and we describe their perspectives briefly in our thematic analysis below.

METHODS

In preparation for a larger randomized intervention study testing the impact of a family-based intervention on preventing recidivism and reducing behaviors associated with poor health outcomes, we gathered qualitative descriptive data through focus groups with Los Angeles Department of Mental Health clinicians, education advocates, and defense lawyers. A qualitative descriptive study is particularly useful when wanting to explore and learn more about a social phenomena through obtaining factual knowledge from participants about their feelings and perspectives.^{36–37} This type of study requires more “surface” level interpretation so that the themes are closer to the words of the participants.^{36–37} In our study, we used focus groups to collect data from system representatives whose experiences gave them unique insights into contexts and challenges families involved in the juvenile justice system are experiencing. Our qualitative method deployed thematic analysis to identify prominent themes and patterns. The study was approved by the UCLA Institution Review Board and the Los Angeles County Dependency and Delinquency Court System.

We recruited study participants from among staff working at Eastlake Juvenile Courthouse in Los Angeles County, the largest juvenile court system nationally. Potential participants were recruited using IRB-approved flyers distributed throughout the Los Angeles Juvenile Delinquency system. Interested persons were screened for eligibility, and all potential participants who met the criteria were given informed consent and enrolled in the study. The eligibility criteria for participation was being over 18 years of age and having experience working directly with youth in the juvenile justice system.

Focus groups were held at Eastlake Juvenile Court in a large conference room. The location was quiet and allowed for the participants to securely discuss their perspectives. Two focus groups, lasting 1.5–2 hours in length, were held; the first focus group included both clinicians and advocates and had 18 participants, and the second focus group had 22 defense lawyers. Focus group moderators were study team members that are mental health practitioners who work in the juvenile justice system and have experience conducting focus groups across diverse groups and settings. Using a semi-structured interview guide, participants were asked questions about their experiences with families in the juvenile justice system as service providers, their perceptions of what justice involved youth and their families want and need in family based interventions, and what they feel may be potential barriers and facilitators for families in accessing mental health programs. Participants were compensated \$20 for their time; however, some participants opted not to be compensated because of job-related restrictions.

Focus groups were audio recorded with participants' permission and verbatim transcripts from the recordings were analyzed using thematic analysis. A study team member reviewed the transcripts for accuracy, and another member of the research team read all transcripts, generated codes, and coded transcripts. Three research team members (including the person who did the original coding) reviewed transcripts collectively, and through an iterative process of discussion and modification, consensus on coding was reached. After coding was complete, research team members met to extract major themes in the data using a thematic analysis.³⁸ Themes were generated by exploring reoccurring unifying clear descriptive themes that characterized how the participants perceived families were experiencing their child's incarceration and post incarceration obligations. Even though this is a descriptive study, a degree of "surface" level of interpretation is required to determine patterns in perspectives.^{36–37} In order to accomplish this, tables were created to better organize the data. The tables aided in the illustration of how codes were grouping together for the purposes of identifying salient themes. After the themes were generated, iterative research meetings were held with both the original coders and other team members so that the themes could be defined and reviewed for trustworthiness and authenticity. The other team members had either participated in the focus groups or read focus group transcripts. The agreed upon themes are reported here.

RESULTS

The following six themes listed in Table 1 emerged from the qualitative analysis of focus group data obtained from interviews with juvenile justice system representatives, specifically system providers and lawyers. These themes highlight the resource poor contexts of families, the way that families are being treated, and recommendations for how families should be engaged.

Families are lacking resources and are overextended

Consistently across groups, providers and lawyers discussed how families of incarcerated youth lacked essential resources and were overextended when it came to meeting post-incarceration court-mandated obligations for their children. Participants described the basic service needs of families and their barriers to transportation, language, childcare, and literacy. Participants discussed how economic insecurities impacted a family's ability to meet youth's probation terms. In particular, they discussed how bureaucratic inefficiencies both within and across the different service providing agencies – these are agencies families are legally required to report to - are made even more challenging because families do not have these basic resources. In this context, the obligations that the families need to meet to prevent recidivism and/or to provide their children with essential care were discussed as being overwhelming. In the defense lawyer focus group, a participant said:

I think what's hard, too, is how many different agencies they're having to deal with. It'd be different if there were a one-stop shop that dealt with the probation issues, and mental issues, health, education where they can go and deal with all that in one place. But instead, they're having to go to so many different places, report to so many different people and it's just so hard to keep track of those people. It's hard to

have time to do all that and you're lugging all the little siblings around, too. It's just... it's completely overwhelming.

This sentiment was supported by another member of the focus group who stated, "Right and that's aside from the parent who has a job, also, on top of all those things has regular working hours they have to keep."

Furthermore, challenges to meeting probation demands are compounded by competing priorities such as addressing both the educational and mental health needs of their youth. For example, one of the defense lawyers stated:

Yeah, I think like transitioning back to regular school is very difficult because it's like the kid is suppose to be in 11th grade, but he's really in 9th grade but he missed credits and he's gone to like five different schools and he just got out of doing like half a semester in the jail school and he gets out and ok, go to school. The credits are all screwed up, transfers are all... so it's not an easy thing to do and you add to that ok I gotta find counseling for me and my family. School is something they gotta get in right away. That's how they feel. At least from the court's perspective, that's something they always want done. That's a huge obstacle, also, that makes it difficult.

Systems representatives questioned whether families could actually abide by mandates they have been obligated to given their economic pressures (i.e. demands of job) and other obligations (i.e. caretaking for other children). Given how the legal obligations of complying with the terms of probation are great but the material and supportive resources are lacking, they raised concerns regarding the impact these taxing contexts have on families.

Participants discussed that post-incarceration can be a challenging time, and it can be hard to access services when their child is in crisis. Immigrant and undocumented families may face even more barriers in identifying resources or feeling safe to come forward. In the defense lawyer focus group, a participant mentioned:

"I know a lot of the kids, actually, once they got released, it's constantly on crisis. So, I think safety plan with the family is the key or provide resources about what happens if the kid acts up, what happens if the kid threatens to hurt themselves, or something. And I think a lot of the families because of the immigration status and stuff, they don't know how to find resources. I think that that's the key, too."

It appears as if the mental health crises of certain families require immediate attention, but there is uncertainty as to how to go about getting it. Additionally, more legal challenges related to immigration may require emergency legal services that are difficult to obtain. Because of these legal insecurities, families fear triggering immigration enforcers and facing deportation. Across focus groups, participants discussed how parent immigration issues produced this type of stress and fear. In the focus group conversations, participants presented these multiple pressure points to draw attention to the "impossible" nature of the expectations placed on families to navigate both complex legal arenas and the securing of basic needs.

Families feel shamed

System representatives discussed the positional inferiority experienced by the parents in relationship to the juvenile justice system and how this relegation makes them feel powerless and disenfranchised. A participant drew attention to this through discussing parents' feelings throughout the adjudication process and how it is made to make parents feel like they have not done their job. A defense lawyer stated, "They're sitting here, everybody's going to think that you're a terrible parent because look at this thing that your kid did. It's totally your fault." It was mentioned how parenting classes can reinforce the sentiment that they have done something wrong through implying how if they had parented their child better than incarceration could've been prevented. An education advocate stated, "Parents have been shamed by the system a lot. So the least shame they feel and understood, like you guys sort of mentioned, the better chances of them becoming involved." This sentiment of feeling disrespected was connected to the parents' attitudes towards the system. Specifically, a defense lawyer stated:

I know this probably sounds so over-simplified. But, really, most of the parents they're not used to anybody treating them with any form of respect and so when you're respectful and you really are talking to them like essentially you're asking them what would you want? What do you need? Most of the parents are pretty responsive. There is a small population that isn't. But, most really are.

This participant observation is suggesting that parents who are treated with more respect are more responsive. This directly connects the treatment of families to their level of engagement with the system.

Power should be given back to families

Participants discussed the hierarchical relationship of care through the explicit discussion of power, and specifically how the lack of power that families have in the process needs to be remedied. A defense lawyer stated:

"I think it's also helping them understand that they're a huge part of the solution so that we're a team, and just kind of reframing it for them that way that we can't do this without you. I think a lot of the parents are disempowered and the power needs to go back to them."

This recommendation was offered after the participants had spent a substantial amount of time reflecting on how the families were being treated, and it appears to be a conclusion premised on the assumption that family well-being is central to youth well-being. The participants did not expand further to highlight what specific ways that power could be given back.

Families are looking for opportunities to stay connected during incarceration

Participants referenced how the structures of incarceration make it difficult for families to stay connected. For example, the locations where youth are incarcerated are not easily accessible, and as a result, families may not be able to see their incarcerated children. A participant from the clinician and education advocates group stated:

Transportation is the biggest thing because the kids, maybe, they might have been detained somewhere but now they've been transferred to central. Their family still lives in that area of the county so to drive from up there down here can be difficult and they don't even get visits for that.

Another participant discussed how families embraced family therapy in order to stay connected during incarceration, stated:

In my case, I offer family therapy and I guess that's motivation, primary motivation for most of the clients is basically having their parents come outside of the regular visiting hours. So that, although it may be the motivation initially, once the parents are here, then, we can focus on other stuff. So, making the opportunity for family therapy available works. Making it in a sense permanent and consistent. They like that comfort and then... then they just become engaged.

Another participant mentioned supporting families to stay connected by offering youth more phone and visitation privileges.

Family care needs to operate outside of juvenile justice system

The participants also discussed how care needs to be delivered in a non-criminalizing environment. It was suggested that care delivery be confidential so as to protect the family. A defense lawyer stated:

That leads back to the very first question I asked, is this going to be confidential or is this not going to be... I don't think it's a good idea if everything that this family says and all of their dirty laundry is going to end up in a probation report back to the court. No. But if it's something that it's going to actually be a safety place for them and somewhere where they have a connection to other services or learn how to parent or learn what the process is, I think it's a great idea.

Their observations suggested that family autonomy - vis-a-vis mental health care outside of court surveillance - as being necessary. One defense lawyer suggested educating families on how to receive services that don't lead them back into the courts. They stated:

Yeah, we have a lot of cases where the call is meant for the PET team and it's the police that end up there. Parents aren't even aware of that resource; to call the PET team when the kids are out of control. But I do think that the parent would have to have a resource if it's not going well or needs to be adjustment, and has to have resources not the probation department for... you know if what they're going to think "tell my probation officer that my kid we're doing this and it's not going well and he's going to end up locked up. I think there has to be an easy way for the parent to discuss these things without going straight to the PO, which is ultimately going to end up in court.

PET, an acronym for Psychiatric Emergency Teams, are mobile units comprised of mental health clinicians deployed by Department of Mental Health psychiatric hospitals in Los Angeles. The participant is concerned that families may not have resources, or be aware of existing resources, that could provide families with a confidential mechanism to discuss the mental health challenges of their youth. As a result, families may talk to their Probation

Officers (POs), who as representatives of the system, may be legally obligated to disclose this information in court.

Mental health of families needs to be considered

Across focus groups, those interviewed talked about the mental health needs of the parents and that their needs are made more complicated because of the stigma associated with mental illness. A defense lawyer stated:

“Yeah, like with a lot of the parents that I work with, they have a lot of stigma regarding mental health, period. It’s almost like you have to spend lots of time just to provide psycho education regarding mental health treatment. And also when you meet with the parents, you realize actually the parents really need treatment themselves.”

Participants believed that having support systems in place for the parents would be beneficial and that families are asking for mental health care. A defense lawyer stated:

“I just hear a lot I’ve been asking for health, I’ve been asking probation for help and they’re not getting it. --I think there’s a lot of that, yeah.--A lot of clients have had this experience where they want help, too. And they want to be in family therapy. But it’s just we’re not finding the right kind of places out there.”

This sentiment also speaks to how the system representatives themselves may not know where to send families when they need help.

DISCUSSION

The results from these system representative and key informant focus groups support that greater efforts need to be made in order to strengthen, support and empower families who are already overburdened and disenfranchised when coming into contact with the juvenile justice system. Drawing on their experiences as representatives of the juvenile justice system, these focus groups of clinicians, advocates and defense lawyers discussed the negative ways families have been treated and the “unrealistic” expectations - given competing demands with limited resources - that are placed upon them. Our participants suggested respecting and valuing families by allowing autonomy and tailoring and designing interventions that allow families to self-select the areas they wish to prioritize.

Our study has limitations due to the small number of focus groups. Our results may not be generalizable because of the sample size and the qualitative design. Even so, we consider the prescriptions provided by our participants to be particularly insightful given how they work with families and see firsthand the challenges they face. Additionally, these results support the evidence gathered directly from families themselves in which they discuss these challenges. For example, a recent report published between the Data Center and Justice for Families gathered numerous accounts from families through surveys and focus groups. In the report, they describe the economic impact experienced by families as a result of trying to stay connected to their incarcerated youth such as costs associated with travel for visitation and receiving phone calls.³³ Already families whose youth are “at risk” for incarceration are families experiencing poverty.^{33,39}

The results described how the economic marginalization experienced by families forces them to choose between paying to stay connected during their youth's incarceration with other court and incarceration-related bills that include charges for truancy, probation fees, court costs, and restitution orders. In their survey, they found that approximately one in 3 families reported having to choose between paying for essential needs and system-related fees; one in five families reported needing to obtain a loan to make these payments. Furthermore, the difficulties associated with meeting these court-mandated responsibilities can be seen in the number of youth who are detained because of technical violations of their probation. In fact, in 2013, approximately 24% of incarcerated youth were detained because of technical violations.⁴⁰ The participants in our study, while not living through these taxing contexts, have witnessed their clients experiencing these obstacles. Their validation of families' testimonies by our study further highlights the impact of the juvenile justice system.

Our participants discussed in detail how parents were treated and the difficult circumstances in which families are trying to meet basic needs and probation mandated obligations. They did not discuss as much the emotional and mental burden experienced by families as a result of being separated from their youth. In the Data Center and Justice for Families report, a parent from Texas stated:

As a parent of a juvenile that went through the system...it affects the whole family. My anxiety and stress level went up, the doctor put me on medication. I was having nightmares that they were killing my child...it affects you mentally and physically having a loved one that's in the system. If you don't know how to navigate the system, you don't know what's going on. So all kinds of things are going through your head."³³(pg 29)

Our participants did not directly discuss the potential mental stress created for families from having minimal control of and fear regarding their youth's wellbeing. Yet, our participants did discuss how there were general difficulties being experienced by families and that they may be needing mental health services themselves. It is not surprising that our participants did not discuss this directly as they are not the ones most impacted by the system's policies and actions.

Yet, they did discuss the underlying context in which this mental stress proliferates - powerlessness. This is evident through their recommendation that power be given back to families. We suggest having families take the lead on deciding and determining what this redistribution of power would look like. Heavily criminalized and under-resourced, families have proven their resilience and perseverance amidst centuries of historical inequalities and varied forms of systemic racism. Families experiencing disproportionate incarceration of their children are living in communities with insecurities in housing, education, and family unity. To the extent that these insecurities create mental health conditions and exacerbate existing ones, families are struggling within geographic locales experiencing shortages of mental care. Around the country, families have reported turning to the juvenile justice system to get their children mental health care. This fact - interpreted in tandem with published testimonies from families and our focus group results - highlight the "catch-22's" that poor and criminalized families encounter.

Our participants' observations that families are dehumanized and made to feel like bad parents is supported by findings from published surveys and inferred from the juvenile justice systems persisting use of parenting classes to address recidivism.^{24,33,39,41} This approach to thinking about youth incarceration squarely fits within popular ideas that the "culture" of families of color and economically disenfranchised families is deficient and lacks what is needed to take care of their children. This racial thinking overshadows the evidence on how foundational and central structural inequalities in the law (i.e. mandatory minimums), policies (i.e. zero tolerance policies in schools), and policing (i.e. increased profiling of communities of color) are to youth incarceration rates.^{11,13–14} This includes the role that criminalization of mental illness and substance use has played in producing youth incarceration.^{7–11}

Our participants did not discuss family dehumanization as a problem occurring on the individual level (and therefore addressable through workforce trainings on compassion), but instead they discussed this issue as a systemic problem built into the structural architecture of the juvenile justice systems. This observation is relevant to the contemporary political and social moment where there is growing consciousness on the need for systemic change. Internationally, youth incarceration, which has been shown to produce more community instability and inequalities and to be incapable of "rehabilitating," is considered a violation of the rights of a child.^{4,29–30,33,42}

Given the significance of structural inequalities in determining youth incarceration rates, we advise that our results be interpreted in concert with the growing body of work that compares the political and social investment by the state into resources such as employment, housing, transportation, health, and education versus support for surveillance and incarceration. By focusing on families, we are not wanting to draw attention away from the other determinants of incarceration and health. Instead, we are hoping to grow the body of knowledge that prioritizes families and appreciates their strength, resiliency, and power. To this end, we see this as an investigation into how we can support families in this current context. Strengthening family functioning is an investment towards reducing health disparities and a path towards equity.

RECOMMENDATIONS

Following our review of the literature and our results, we recommend recalibrating the way we examine youth incarceration so that it moves away from a deficit-based approach of blaming families to a more holistic investigation into how the functions of the juvenile justice system compromise a families' ability to self-determine their own well being. Additionally, when it comes to investigating interventions and policies aimed at addressing youth incarceration, we recommend that family needs, perspectives, and struggles should be front and center. This is especially salient given how family-based approaches are powerful tools for addressing youth mental health struggles and preventing recidivism. Finally, as it relates to creating evidence-based solutions, we recommend the development of non-criminalizing health-informed diversion policies that offer alternatives to incarceration and that reunite rather than separate families. These policies have the potential to support families and their youth on their path towards better mental health. At a minimum, these

alternative policies do not exacerbate or create new mental illness by separating youth from their families.^{43–45}

CONCLUSIONS

The alarmingly high rates of incarcerated youth and youth with mental health conditions have prompted thoughtful and rigorous investigations into the juvenile justice system's abilities and its imperatives as they relate to youth wellbeing. Our data highlight the need to think about the resource poor contexts of families, the dehumanizing way they are treated, and the multiple ways that they are marginalized by the juvenile justice system, especially when thinking about interventions designed for families whose youth have been incarcerated. Our study contributes to the growing body of work that recognizes that incarceration is something that the entire family (and community) is experiencing. We conclude that the experiences of families needs to be investigated further and that their treatment and these conditions need to be remedied. The locales most impacted by incarceration are experiencing a legal context that criminalizes mental illness, racial contexts of targeted profiling and surveillance, and economic contexts where investments in quality mental healthcare and social determinants of health are needed but lacking. Finally, we would like to acknowledge the resiliency of families, because they continue to persevere in the presence of institutional traumas and inequalities.

References

1. Sickmund, M., Sladky, TJ., Kang, W., Puzzanchera, C. Easy Access to the Census of Juveniles in Residential Placement. 2015. Available: <http://www.ojjdp.gov/ojstatbb/ezacjrp/>
2. Hazel, N. Cross-national comparison of youth justice. London: Youth Justice Board for England and Wales; 2008.
3. Rovner, J. Washington, D.C: The Sentencing Project; 2016. Racial Disparities in youth commitments and arrests. Available at: Available: <http://www.sentencingproject.org/wp-content/uploads/2016/04/Racial-Disparities-in-Youth-Commitments-and-Arrests.pdf> [Accessed February 26, 2017]
4. Mendel, R. No Place For Kids: The Case For Reducing Juvenile Incarceration. Baltimore: The Annie E. Casey Foundation; 2011. Available at: <http://www.aecf.org/resources/no-place-for-kids-full-report/> [Accessed March 2, 2017]
5. House Cmte on Government Reform and Oversight United States of America. Washington, DC: U.S. House of Representatives, Committee on Government Reform; 2004. Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States. Pub. No. NCJ 206991. Available from: <https://www.hsgac.senate.gov/download/incarceration-of-youth-who-are-waiting-for-community-mental-health-services>
6. Koppelman, J. Mental health and juvenile justice: Moving toward more effective systems of care. Washington D.C.: National Health Policy Forum; 2005. Available from: https://www.nhpf.org/library/issue-briefs/IB805_JuvJustice_07-22-05.pdf [Accessed March 2, 2017]
7. Shufelt, JL., Cocozza, JJ. Youth with Mental Health Disorders in the Juvenile Justice System: Results From a Multi-State Prevalence Study. Delmar, N.Y.: National Center for Mental Health and Juvenile Justice; 2006. Available from: <http://www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf>
8. Teplin LA, Abram KM, McClelland GM, Dulcan MK, Mericle AA. Psychiatric Disorders in Youth in Juvenile Detention. Arch Gen Psychiat. 2002; 59(12):1133–1143. DOI: 10.1001/archpsyc.59.12.1133 [PubMed: 12470130]
9. Fazel S, Doll H, LÅNGSTRÖM N. Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities: A Systematic Review and Metaregression Analysis of 25 Surveys. Journal of

the American Academy of Child & Adolescent Psychiatry. 2008; 47(9):1010–1019. DOI: 10.1097/CHI.ObO13e31817eef3 [PubMed: 18664994]

10. Iguchi MY, London JA, Forge NG, Hickman L, Fain T, Riehman K. Elements of well-being affected by criminalizing the drug user. *Public Health Rep.* 2002; 117(Suppl 1 (Suppl 1)):S146–S150. [PubMed: 12435838]
11. Moore LD, Elkavich A. Who's Using and Who's Doing Time: Incarceration, the War on Drugs, and Public Health. *American Journal of Public Health.* 2008; 98(5):782–786. DOI: 10.2105/AJPH.2007.126284 [PubMed: 18381984]
12. Correspondence from Acting Assistant General Grace Chung Becker to Los Angeles County Supervisor Yvonne Burke regarding "Investigation of the Los Angeles County Probation Camp" on October 31, 2008. Can be accessed here: https://www.justice.gov/sites/default/files/crt/legacy/2010/12/15/lacamps_findings_10-31-08.pdf
13. Mauer M. Justice for All-Challenging Racial Disparities in the Criminal Justice System. *Hum Rts.* 2010
14. Piquero AR. Disproportionate Minority Contact. *The Future of Children.* 2008; 18(2):59–79. [PubMed: 21337998]
15. Newell, M., Salazar, A. [Accessed March 2, 2017] Juvenile Reentry in Los Angeles County: An exploration of strengths, barriers, and policy options. A report to the Second District of Los Angeles County. 2010. Available from: <http://file.lacounty.gov/SDSInter/bos/supdocs/58190.pdf>
16. Locked Out: Improving Educational and Vocational Outcomes for Incarcerated Youth. New York: The Council of State Governments Justice Center; 2015. The Council of State Governments Justice Center. Available from: https://csgjusticecenter.org/wp-content/uploads/2015/11/LOCKED_OUT_Improving_Educational_and_Vocational_Outcomes_for_Incarcerated_Youth.pdf [Accessed March 2, 2017]
17. Gonzalez, R., Wong, E. [Accessed March 2, 2017] Foster Care and Probation Students, December 2007. Inter-Office Correspondence for Los Angeles Unified School District (LAUSD), to the LAUSD Board of Education and Superintendent. Mar 4. 2008 Available from: http://www.educationcoordinatingcouncil.org/ECC_DOCS/Reports/Data_Match_Results/LAUSD%20DCFS%20Prob08.pdf
18. Ramchand R, Morral AR, Becker K. Seven-year life outcomes of adolescent offenders in Los Angeles. *Am J Public Health.* 2009; 99(5):863–870. DOI: 10.2105/AJPH.2008.142281 [PubMed: 19299674]
19. Schnittker J, John A. Enduring stigma: the long-term effects of incarceration on health. *J Health Soc Behav.* 2007; 48(2):115–130. [PubMed: 17583269]
20. Gallagher CA, Dobrin A. Facility-level characteristics associated with serious suicide attempts and deaths from suicide in juvenile justice residential facilities. *Suicide Life Threat Behav.* 2006; 36:363–375. [PubMed: 16805664]
21. Barnert ES, Dudovitz R, Nelson BB, et al. How Does Incarcerating Young People Affect Their Adult Health Outcomes? *Pediatrics.* 2017; 139(2):e20162624–11. DOI: 10.1542/peds.2016-2624 [PubMed: 28115536]
22. Petersilia J. What works in prisoner reentry-Reviewing and questioning the evidence. *Fed Probation.* 2004
23. Bobbitt, M., Nelson, M. The Front Line: Building Programs That Recognize Families' Role in Reentry. New York: Vera Institute; 2004. Available from: <https://www.vera.org/publications/the-front-line-building-programs-that-recognize-families-role-in-reentry> [Accessed March 2, 2017]
24. Walker S, S Bishop A, D Pullmann M, Bauer G. A Research Framework for Understanding the Practical Impact of Family Involvement in the Juvenile Justice System: The Juvenile Justice Family Involvement Model. *American Journal of Community Psychology.* 2015; 56(3–4):408–421. [PubMed: 26407854]
25. Butler S, Baruch G, Hickey N, Fonagy P. A randomized controlled trial of multisystemic therapy and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2011; 50(12):1220–1235. [PubMed: 22115143]

26. Epperson MW, Wolff N, Morgan RD, Fisher WH, Frueh BC, Huening J. Envisioning the Next Generation of Behavioral Health and Criminal Justice Interventions. *International journal of law and psychiatry*. 2014; 37(5):427–438. DOI: 10.1016/j.ijlp.2014.02.015 [PubMed: 24666731]
27. Curtis N, Ronan K, Borduin C. Multisystemic Treatment: A Meta-Analysis of Outcome Studies. *Journal of Family Psychology*. 2004; 18(3):411–419. [PubMed: 15382965]
28. Sexton Turner C. The effectiveness of functional family therapy for youth with behavioral problems in a community practice setting. *Couple and Family Psychology: Research and Practice*. 2011; 1(S):3–15.
29. Clear, TR. Imprisoning communities: How mass incarceration makes disadvantaged neighborhoods worse. New York: Oxford University Press; Apr 9. 2009
30. DeVuono-Powell, S., Schweidler, C., Walters, A., Zohrabi, A. [Accessed March 2, 2017] Who pays? The true cost of incarceration on families. 2015. Available from: <http://whopaysreport.org/>
31. Chesney-Lind Mauer, M. Invisible Punishment. 1. New York: New Press; 2011.
32. Turney K. The Unequal Consequences of Mass Incarceration for Children. *Demography*. 2017; 54(1):361–389. DOI: 10.1007/s13524-016-0543-1 [PubMed: 28063011]
33. [Accessed March 2, 2017] DataCenter, Justice for Families. Families Unlocking Futures: Solutions to the Crisis in Juvenile Justice. 2012. Available from: http://www.njjn.org/uploads/digital-library/Fam_Unlock_Future_EXEC_SUMNOEMBARGO.pdf
34. Arya, N. Family comes first: A workbook to transform the justice system by partnering with families. Washington, DC: Campaign for Youth Justice; 2013.
35. OJJDP. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice; 2013. Family listening sessions: Executive summary. Available from: <https://www.ojjdp.gov/pubs/241379.pdf> [Accessed March 2, 2017]
36. Sandelowski M. Whatever happened to qualitative description? *Research in Nursing & Health*. 2000; 23(4):334–340. [PubMed: 10940958]
37. Colorafi KJ, Evans B. Qualitative Descriptive Methods in Health Science Research. *Health Environments Research & Design Journal (herd)* (sage Publications Ltd.). 2016; 9:4.
38. Bradley EH, Curry LA, Devers KJ. Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes, and Theory. *Health Serv Res*. 2007; 42(4):1758–1772. DOI: 10.1111/j.1475-6773.2006.00684.x [PubMed: 17286625]
39. Russell M, Harris B, Gockel A. Parenting in poverty: Perspectives of high-risk parents. *Journal of Children and Poverty*. 2008; 14(1):83–98. DOI: 10.1080/10796120701871322
40. Hockenberry, S. Juvenile Offenders and Victims: National Report Series Bulletin. Washington, DC: United States Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 2010. Juveniles in Residential Placement, 2010. NCJ 249507, Available from: <https://www.ojjdp.gov/pubs/241060.pdf> [Accessed March 2, 2017]
41. Cohen, P. [cited 2016 Apr 27] Single Moms Can't Be Scapegoated for the Murder Rate Anymore [Internet]. *The Atlantic*. 2012. Available from: <http://www.theatlantic.com/sexes/archive/2012/11/single-moms-cant-be-scapegoated-for-the-murder-rate-anymore/265576/>
42. Lambie IRandell I. The impact of incarceration on juvenile offenders. *Clinical Psychology Review*. 2013; 33(3):448–459. [PubMed: 23454219]
43. Ashby, CM. Child welfare and juvenile justice: Several factors influence the placement of children solely to obtain mental health services. Washington, DC: U.S. General Accounting Office; 2003. United States. Available from: <http://www.gao.gov/products/GAO-03-865T> [Accessed March 2, 2017]
44. White C. Incarcerating Youth With Mental Health Problems. *Youth Violence and Juvenile Justice*. 2015; 14(4):426–447. DOI: 10.1177/1541204015609965
45. National Mental Health Association (U.S.). Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices. Alexandria, VA: National Mental Health Association; 2004. Available from: https://www.nttac.org/views/docs/jabg/mhcurriculum/mh_mht.pdfhttps://www.nttac.org/views/docs/jabg/mhcurriculum/mh_mht.pdfhttps://www.nttac.org/views/docs/jabg/mhcurriculum/mh_mht.pdf

Table 1

Emerging Themes Regarding Families Experiences with the Juvenile Justice System Obtained from Focus Groups with Mental Health Practitioners, Education Advocates, and Defense Lawyers

Families are lacking resources and are overextended.
Families feel shamed.
Power should be given back to families.
Families are looking for opportunities to stay connected during incarceration.
Family care needs to operate outside of juvenile justice system.
Mental health of families needs to be considered.